



NAME CHANGE REQUEST FORM

Company _____
Address _____

Contact _____
Phone _____
Email _____

Type of Change Requested:

- Company
- Address
- Pattern

EXISTING CERTIFICATE INFORMATION

Company _____ **Report #** _____
Address _____ **Revision #** _____
_____ **Pattern** _____

Test Methods _____

REQUESTED REVISION INFORMATION

Company* _____ **Pattern** _____
Address _____

The revisions requested are in name only and do not represent a change in the product as it was originally tested. I understand that any change in construction, weight, content, finish, or any other physical aspect of the originally tested product would require retesting of the altered product to the indicated standard(s).

Name _____ **Date** _____
Job Title _____ **Company** _____

Signature _____

*If a revision of company is being requested, please have the information below completed by a representative from the proposed company indicating agreement with requested revision:

Name _____ **Date** _____
Job Title _____ **Company** _____

Signature _____