**AMCA Certified Ratings Program Inquiry**

TheAir Movement and Control Association (AMCA) International Inc. is a not-for-profit association offering resources, knowledge, and expertise available to member/affiliate applicants only.

**We understand**:

1. Certified Ratings inquiries are sent via email to certification@amca.org and accounting@amca.org, subject: Certified Ratings Program Inquiry with the following:
	1. complete inquiry form
	2. copy of the transaction fee, USD 250.00 for North America or USD 285.00 outside North America
2. Fees and invoices are in USD and are non-negotiable and subject to change without notice.
3. Inquiry payment information in USD as follows:

Harris Bank, N.A.

3225 Kirchoff Rd., Rolling Meadows, IL 60008 US

Account #0901111612; SWIFT Code: HATRUS44

For further credit to: Air Movement and Control Association International, Inc.

30 West University Drive, Arlington Heights, IL 60004-1893 U.S.A.

Phone: +1 847-394-0150 Fax: +1 847-253-0088 amca@accounting.com

1. We are not a member and are not allowed to use the AMCA International logo, Certified Ratings Program (CRP) Seal, or labels.

**AMCA Product Scope**

We are engaged in the [ ]  Design [ ]  Fabrication [ ]  Assembly [ ]  Sale of the selected product(s):

|  |  |  |
| --- | --- | --- |
| **AIR CONTROL & MOVEMENT**  | **FANS** | **VENTILATORS**  |
| [ ] Acoustical duct silencer[ ] Air-curtain units[ ] Airflow-measurement station[ ] Axial impeller[ ] Dampers[ ] Duct [ ] Evaporative coolers[ ] Louver [ ] Single room air-handler[ ] Spiral gravity roof ventilator | [ ] Agricultural [ ] Arrays [ ] Axial[ ] Centrifugal [ ] Circulating [ ] Induced flow[ ] Jet[ ] Large-diameter ceiling  (blade tip dia. > 84.5”)[ ] Mixed flow[ ] Propeller | [ ] Energy-recovery [ ] Heat-recovery [ ] Positive pressure [ ] Power roof [ ] Residential ceiling  |

**Product Links.** Include website link(s) to product specification sheets(s) or catalog(s) in the AMCA product scope. [Insert links to each product checked above or PDF copies of collateral for the items checked above.]

**Certified Product Plan.** Indicate the company plan to certify AMCA scope of products.

The number of products [Enter #] Anticipated date of certification: [Select date]

**Company Information**

**Manufacturing Company:** Indicate complete postal address.

Manufacturing Company Name: [Enter Formal Mfg Company Name] Number of Employees: [Enter #]

Address: [Enter Mfg Co Address] City: [Enter Mfg Co City]

State/Province: [Enter State/Province] Zip/Postal Code: [Enter Zip/Postal Code]

Country: [Enter Country] Website: [Enter website]

Phone Number: [Enter Mfg Phone #] Fax Number: [Enter Mfg Fax #]

[ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

If necessary, indicate PO #: [Enter PO#]

**Company:** Indicate complete postal address ONLY if the manufacturing address is different.

Company Name: [Enter Formal Company Name] Number of Employees: [Enter Co #]

Address: [Enter Company Address] City: [Enter Company City]

State/Province: [Enter Company State/Province] Zip/ Postal Code: [Enter Company Zip/Postal Code]

Country: [Enter Company Country] Website: [Enter Company Website]

Phone Number: [Enter Co Phone #] Fax Number: [Enter Co Fax #]

[ ]  Primary Address [ ]  Billing Address [ ]  Shipping Address

**Inquiry Contact**

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

**Engineering:**  Receives updated standards, and publications.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

**Licensee:** Authorizes certification, signs Certified Ratings Program (CRP) forms.

First/Given Name: Click or tap here to enter text. Last/Surname: Click or tap here to enter text.

Title: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone Number: Enter Phone # Extension: Enter#

**ATTESTATION & SIGNATURE:**

I affirm and declare under penalty of perjury that the information I have supplied is true and correct, and that this form was executed on the date set forth below. I understand that all information provided is subject to verification and that I may be asked to provide supplemental information.

Company: [Enter Company Name] Date: [Select Date]

Name: [Enter Full Name] Title: [Enter Title] Email: [Enter E-mail]

Signature: 

[ ]  Check this box to indicate that your typed name above is acceptable as your signature.