

**Applicant** *Company who owns the rights to the Listing Report and will appear on Intertek's public directory website*

Legal Entity Name: \_\_\_\_\_

DBA if applicable: \_\_\_\_\_

Registration or VAT Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Postal Code, Country: \_\_\_\_\_

Contact (Primary): Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact (Secondary): Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bill-To** *Company responsible for ETL Certification Follow-Up Service fees*

Legal Entity Name: \_\_\_\_\_

Registration or VAT Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Postal Code, Country: \_\_\_\_\_

Accounts Payable Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PO Required:  Yes  No Invoice Currency: \_\_\_\_\_ Email for Invoicing: \_\_\_\_\_

*If the billing entity is different from the applicant, the billing company is required to provide company registration documents and a letter accepting financial responsibility of the applicant's certification at the manufacturing location listed below.*

Standard Terms of Payment are 30 days. If Credit Terms are not established for designated Billing Party, prepayment for services will be required. If a PO Number or other specific information is to be stated on the invoice, you are responsible to provide this information to our Certification Department (North America Billing - [cecert.billing@intertek.com](mailto:cecert.billing@intertek.com), Asia Pacific Billing - [ap.rfc@intertek.com](mailto:ap.rfc@intertek.com), Europe & the Middle East Billing - [productioncontrol.swe@intertek.com](mailto:productioncontrol.swe@intertek.com)). Please refer to Certification Agreement for Applicants and Manufacturers, Section 7.3, for further information regarding Billing Responsibility for ETL Certification Fees.

**Manufacturer** *Location where final assembly will take place and/or where Certification label will be applied*

Legal Entity Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Postal Code, Country: \_\_\_\_\_

Contact (Primary): Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact (Secondary): Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Manufacturing Activity** *Select all that apply if not Full Assembly* Estimated Production Date: \_\_\_\_\_

Full Assembly  Partial Assembly  Production Line Testing  ETL Label Application  Other (detail below)

Other Details: \_\_\_\_\_

**Labeling Method:**  Purchased from Intertek  Obtained from another source  Non-Labeling Location

*Separable Labels Direct Imprint - Quarterly Licensing Fees Apply*

**Report(s):**  All Reports  Select Reports  New Report(s) *Report Number to be determined*

*If Select Reports, please specify:* \_\_\_\_\_

**Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the completed CIS to [etlcert.helpdesk@intertek.com](mailto:etlcert.helpdesk@intertek.com) (North America Billing), [ap.rfc@intertek.com](mailto:ap.rfc@intertek.com) (Asia Pacific Billing), or [etlrlceu@intertek.com](mailto:etlrlceu@intertek.com) (Europe & Middle East Billing), and your local engineering office.

*Please complete the **Change Request Form** if changes are required to an active ETL Follow-up Service (FUS) Account.*