



Certification Application Review

Organization Name: _____
 Contact Person: _____ Phone Number: _____
 Certification Program: _____ Application Receipt Date: _____
 Application Reviewer: _____

Products to be Certified

Commodity	Total Area	Commodity	Total Area
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information: _____

Registration Approval

The information submitted by the applicant has been found to meet the requirements for registration in the specified certification program.

Application Reviewer _____
Date

Certification Program Manager _____
Date

Date required program documents sent to registrant (if required): _____
Date signed program documents returned to PrimusLabs: _____
 Signed document distribution - 1 copy to PLC files; 1 copy to registrant

Registration Number: PLC-_____