(Reset the form)

MULTIPLE LISTEE REGISTRATION FORM

Choose Listing Mark: ☑ ETL ☐ Warnock
Action Required: ☑ Add ☐ Remove

The purpose of this form is to register all Multiple Listees that will appear in Intertek's Directory's and to identify the source of listed products in the marketplace. The Applicant and the Multiple Listee shown in the listing report will appear separately in the directory under the same product classification for identical products, although, the product model numbers may differ between the Applicant and Multiple Listee.

NOTE: This form does not authorize the multiple listee to apply the Certification Mark to any product. Only the Applicant or the Applicant's manufacturer as noted on the Authorization to Mark is allowed to apply the Certification Label.

Intertek will charge the Applicant a report revision fee for each registered Multiple Listee added.
There is also an annual fee, per Multiple Listee, that is billed to the Applicant to maintain this information in the Directory.

The Applicant warrants that it has the authority and permission from the Multiple Listee to place this Multiple Listee in the listing report and directory. The Applicant acknowledges that Intertek may provide notification to the Multiple Listee of changes affecting the product listing in the Directory. Intertek may confirm this Multiple Listee Registration information with the Multiple Listee.

Send the completed form to Multiple Listee Coordinator by e-mail dirlist@intertek.com or fax (607) 758-9608.

Applicant:

Company Name: _____
Address: _____
Contact Person: _____
Email: _____
Phone: _____ Fax: _____
Model Number/Product Line: _____
(Information must match what is listed in Report/Specification)
Trade Name(s) if applicable: _____
Listing Report Number/Specification Title: _____
(One Report/Specification per form)

Multiple Listee:

Company Name: _____
Address: _____
Contact Person: _____
Email: _____
Phone: _____ Fax: _____
Model Number/Product Line: _____
(Information must match what is listed in Report/Specification)
Trade Name(s) if applicable: _____

Applicant's Authorization:

_____
(Signature of Authorized Person)

_____
(Printed Name of Authorized Person)

_____
(Title)

_____
(Date)

Multiple Listee's Authorization:

_____
(Signature of Authorized Person)

_____
(Printed Name of Authorized Person)

_____
(Title)

_____
(Date)

If assistance is needed in the completion of this form, please contact the Multiple Listee Coordinator by phone (888)-347-5478 or e-mail dirlist@intertek.com.

Intertek Testing Services NA Inc.
3933 US Route 11 Cortland NY 13045

(Print this supplement sheet if needed)

multiple listee model: