



Standards Development Application Form

(NOT an application for product listing)

Standard Designation (i.e., number): _____

Standard Title: _____

For Presentation to the Standards Review Committee on (Month): _____

Proponent Name: _____ Date: _____

Company Name: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State or Province: _____

Country: _____ Zip or Postal Code: _____

Representative Name (if different from Proponent): _____

Representative's E-mail Address (if different from Proponent): _____

Action: New Standard _____ Revision to Existing Standard _____

Scope (for new standards only): _____

Reason for Change or for Developing New Standard: _____

Summary of Changes (for revisions only): _____

Patents: Does the proposed standard contain any patented items or activities? (Yes/No) _____

If Yes, identify the patented item or activity: _____

Intent: U.S. only _____ U.S. and Canada (additional fees apply) _____

Fees		Yes/No
Basic Fees:	New standard (for the U.S. only):	\$4,995 _____
	Revision to existing standard published <i>after</i> June 2011:	\$2,495 _____
	Revision to existing standard published <i>on or before</i> June 2011:	\$3,495 _____
Additional Fees:	Standard for the U.S. and Canada:	\$2,495 _____
	Expedited service (ES) fee for new standards*:	\$4,995 _____
	ES fee for revision to existing standards*:	\$2,495 _____
	Reinstatement fee for withdrawn inactive standards:	\$1,495 _____
Total amount due (sum of fees checked):		\$ _____

*ES fees are in addition to the basic development fees and are applicable to applications made less than two weeks prior to an SRC meeting.

Payment info: Check _____ (Please send check to: 5001 East Philadelphia Street, Ontario, California, 91761
Attention: Standards Department)

Credit Card _____

Name on Card: _____ Type: _____

Card No.: _____ Expiration: _____

Wire transfer _____ (Wiring information will be provided when this option is selected)

Staff use only:	Date Received _____	Draft Attached _____	Fees Paid _____
	Agenda Month/Year _____	Customer # 17- _____	Invoice # _____