PRIVATE LABEL REQUEST FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Listee:** |  | Standard-year: |  | Current Seal #: |  |

Name of current listee’s authorized representative giving consent:

Title of authorized representative:

Email:       Telephone:

**Company Name on Private Label Seal:**

Address:

City:      State:       Zip:      Country:

**Private Label Seal contact information (***to send all notices and invoices regarding the seal)*

|  |  |  |
| --- | --- | --- |
|  | Primary Contact information | Secondary Contact information |
| Name |  |  |
| Title |  |  |
| Phone |  |  |
| E-mail |  |  |
| Additional invoice requirements: | | |

**State the corresponding model numbers between current and private label models:** *If a separate file is used list traceability between the current and private label models.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All models listed below  Models on next page  Models in separate file named: | | | | |
| Current model # |  |  |  |  |
| Private label model # |  |  |  |  |

**Documentation Review:** *Attach the model label/markings, specification sheets and instructions for ASSE evaluation.*

* **Markings:** Sent with application  Will be sent at later date  No markings
* **Spec Sheet:** Sent with application  Will be sent at later date  No updates
* **Instructions:** Sent with application  Will be sent at later date  No updates

**The cost to generate the private label with ASSE International is the responsibility of:**

Current Listee  Private Label Listee  Other:

**The cost to maintain the private label with ASSE International is the responsibility of:**

Current Listee  Private Label Listee  Other:

***I, as an authorized representative of***  ***certify that this product is identical in every respect to the approved product, with the exception of the label information and/or its non-functional modification.***

     

Signature

Date

|  |  |  |
| --- | --- | --- |
| Current Model Number | Private label model number | notes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |