



Certification Request Form

Laboratory Name:

Contact Name: Title:

Address: Province:

Email: Phone:.....

Business License No: Date of Establishmen.....

Name of Authorized Manager:

Please attach your current and update Business License and previous certificates as well as the list of Test Methods you want certification.

Signature and stamp:

Date:

Note: By signing this form, I agree that I have studied The ABA Certification Program Procedures Manual for the Certification of Construction Materials Testing Laboratories and I accept all criteria and conditions and our laboratory shall comply with the rules and regulations.