



## Certification Request Form

Laboratory Name: .....

Contact Name: ..... Title: .....

Address: ..... Province: .....

Email: ..... Phone:.....

AISA License No: ..... Date of Establishment: .....

Name of Authorized Manager: .....

Please attach the AISA license and previous certificates as well as the list of tests that your lab seeks certification for.

Signature and stamp:

Date:

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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 will apply all of the rules described in this manual.