



APPLICATION
100 WEST MAIN ST, P.O. BOX 730
SACKETS HARBOR, N.Y. 13685
PHONE 315-646-2234
FAX 315-646-2297
E-MAIL: staff@amscert.com



Manufacturer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Plant Contact: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Product Configuration for First Product

(using the attached component codes, please describe your product line)

Connector: _____ Spacer: _____ Desiccant: _____ Sealant(s): _____ Substrate: _____

Dual Pane/Triple Pane Participate in Gas Content? (GCIA) Yes/No Muntins? Yes/No

Product Configuration for Second Product (if applicable)

(using the attached component codes, please describe your product line)

Connector: _____ Spacer: _____ Desiccant: _____ Sealant(s): _____ Substrate: _____

Dual Pane/Triple Pane Participate in Gas Content? (GCIA) Yes/No Muntins? Yes/No

Product Configuration for Third Product (if applicable)

(using the attached component codes, please describe your product line)

Connector: _____ Spacer: _____ Desiccant: _____ Sealant(s): _____ Substrate: _____

Dual Pane/Triple Pane Participate in Gas Content? (GCIA) Yes/No Muntins? Yes/No

Please return original form to:

IGCC/IGMA, PO Box 730, 100 West Main Street, Sackets Harbor, NY 13685
Telephone: 315.646.2234 Fax: 315.646.2297 Email: staff@amscert.com

Signature: _____ Date: _____