

APPLICANT INFORMATION

Date of Application: _____

Contact _____	<input type="checkbox"/> New Applicant
Company _____	<input type="checkbox"/> Existing Program Participant – IGMA member
Street Address _____	<input type="checkbox"/> Existing Program Participant – IGMA Non-member
City _____	<input type="checkbox"/> New Product Line (prototype)
State/Province _____	<input type="checkbox"/> Prototype: re-fabrication of test specimens
Zip/Postal Code _____	Select this box if prototype has previously failed testing
Telephone _____	<input type="checkbox"/> Certified Product Line: re-fabrication of test specimens IGMAC #:
Fax _____	
E-mail _____	

PRODUCT IDENTIFICATION & CONFIGURATION (refer to IGMAC Certification Program Component Codes)

COMPONENT	IGMAC Code	SUPPLIER (for desiccant, please provide # of sides filled)	SUPPLIER PRODUCT CODE
Connector			
Desiccant / Desiccated Matrix			
Spacer			
Primary Sealant			
Secondary Sealant			
Low E Coating		<input type="checkbox"/> Edge Deleted	
Interior Films			
Gas Content:	<input type="checkbox"/> Air-filled	<input type="checkbox"/> Argon (AR)	<input type="checkbox"/> Krypton (AR) <input type="checkbox"/> Other
# of glazing lites:	<input type="checkbox"/> Double glazed	<input type="checkbox"/> Triple glazed	<input type="checkbox"/> Other

FEES (for Canadian and US Locations Only – all other locations, please contact the IGMA office)

	Fee	Qty	Amount
New Program Participants Only:			
Application Administrative Fee (non-members)	\$500.00		\$
Initial Registration Audit Fee (prototype) – non-member rate	\$790.00		\$
Initial Registration Audit Fee (prototype) – member rate	\$590.00		\$
Existing Program Participants:			
Audit Fee for Re-fabrication of Test Specimens (prototype and existing product lines) – non members	\$790.00		\$
Audit Fee for Re-fabrication of Test Specimens (prototype and existing product lines) – members	\$590.00		\$
	Subtotal		\$
Canadian residents add tax appropriate for your province			\$
	TOTAL		\$

ORDER CONFIRMATION & INVOICE INFORMATION (OFFICE USE ONLY)

Received _____	Invoice Date _____
Processed _____	Invoice # _____
IGMAC # _____	Invoice Total _____

ITS

IGMAC Certification Program

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