REQUEST FOR WAIVER OF RETEST

This form of waiver procedure is only intended for use in cases of changes or product design, components or process as referenced in B.2(a) as follows,

B.2(a) A full retest is required every 2 years to meet the Standard, or earlier if:
   i) any of the generic component types of the product is changed (See G.4).
   ii) the location of the facility as listed on the licensing agreement is changed.
   iii) the manufacturing process is changed.

B.2(b) Minor changes of product design or process which are deemed not to affect test results may be exempted from retesting.

Please return in advance of change to:
Insulating Glass Manufacturers Alliance
1769 St. Laurent Blvd, Suite 104, Ottawa, ON, K1G 5X7
Tel: 613-233-1510  Fax: 613-482-9436  E-mail: mwebb@igmaonline.org

Manufacturer: __________________________ Location: __________________________
IGMAC Product #: __________________________
Product Codes: Connector:____________ Desiccant:__________ Sealant:____ Spacer:____
____________________ Gas Fill: ______
Requested by: __________________________ Signature: __________________________
Date: __________________________

The nature of the change is as follows:

   a) Component type: __________________________
   b) Address: __________________________
   c) Low E: __________________________
   d) Ownership: __________________________
   e) Method of production: __________________________

Where is IGMAC Certification information stored? __________________________
Where are the quality control records stored? __________________________
Who completes these records? __________________________

PLEASE INCLUDE COPY(IES) OF THE LATEST TEST RESULTS WITH THE AUDIT FORM
Please outline resulting changes to the following production details:

• GLASS
  Wash system ________________________________
  Water source ________________________________
  Cleaning agents ________________________________
  Cutting Method ________________________________

• SPACER
  Type ________________________________
  Cutting system ________________________________
  Cleaning ________________________________
  Test for adhesion ________________________________

• CONNECTOR
  Material ________________________________
  Assembly method ________________________________

• DESICCANT
  Type ________________________________
  Blend ratio ________________________________
  Storage ________________________________
  Test method ________________________________
  Amount of fill ________________________________
  Fill method ________________________________

• SEALANT
  Type ________________________________
  Storage ________________________________
  Test for adhesion ________________________________
  Application method ________________________________
  Minimum depth for unit design ________________________________

• GAS FILL METHOD
  ________________________________

• LOW E
  Type (sputtered, pyrolitic) ________________________________
  Edge Deletion ________________________________
  Glass Supplier ________________________________
  Product Name ________________________________

• AIR SPACE ADDITIONS
  Low E ________________________________
  Suspended coated film ________________________________
  Grills ________________________________
  Blinds ________________________________
  Tape ________________________________

• ADDITIONAL DETAILS
  ________________________________
  ________________________________
  ________________________________