APPLICATION FOR CERTIFICATION

Name of A	pplicant (Company):
Address:	
Company \	Web Site:
Contact Na	ame:
Telephone	: Facsimile:
Email Addı	ress:
ATSC Certi	ification Mark being applied for:
Product Na	ame:
Product Mo	odel Number:
Product De	escription:
	signed officer or other representative of Applicant hereby represents nts as follows:
1.	The undersigned is vested by Applicant with the authority to make the representations and warranties herein on Applicant's behalf.
2.	Applicant has read and understands the ATSC Certification Mark Policy and the Standard associated with the Certification Mark being applied for.
3.	Applicant hereby certifies that the above-identified Product complies with the Standard associated with the Certification Mark being applied for.
Signature:	
Name:	

Please complete the application and return it to the ATSC via fax at 202-872-9161 or email to atsc@atsc.org.