

## Metal Construction Association Manufacturer Certification and Labeling Application

Please type or print all information except your signature.

Company name				
Company address				
Website				
Contact name and title				
Contact address (if different from company addres	s)			
Telephone number		Fax number		
Cell phone number		mail address		
Type of company	Type of application	_	duct classifi	_
<ul> <li>Roofing product manufacturer</li> <li>Coil processor</li> </ul>	New product Custom color		Shingle Panel	Painted Natural finish
				Granular Coated
If you are a coil processor and wish to please list each regional manufacture page 3.	er/mobile roll-former			
Paint or coating supplier's MCA appr	roval number:			
Paint or coating trade name:				
Product line or name:				
Description of roof product:				
Quality control evaluation service:				
Date of last approval of quality control				
(Alternatively, a corporate officer ma		Table for Q	uality Contro	Program Auditor )

<ul><li>Mill certification report att</li><li>Other test reports. (option</li></ul>					
Fees					
Application fee          \$200 MCA member comp         \$3,000 non-member comp	•				
Annual renewal fee <ul> <li>\$0 MCA member compar</li> <li>\$3,000 non-member compare</li> </ul>	•				
Total application/renewal fe	ee				
Product fee	1-5 products	>5 products			
MCA member company Non-member company	\$0 \$2,500	\$0 \$500 per product			
Number of products for which you are applying for certification:					
Total product fee					
Total fees:(add application/renewal fee and per-product fee)					
<ul> <li>I have enclosed:</li> <li>Check payable to MCA</li> <li>Discover</li> <li>MasterCar</li> </ul>	rd 🗖 VISA				
Account number			Expiration date		

## Statement of Understanding

I hereby apply for certification of the above as an authorized company representative and verify that all information provided is accurate. I authorize the evaluation and validation of this information by MCA. In furtherance of this application, I authorize any individual or organization who may have information concerning this application to provide such information to MCA. I hereby waive any claim for damages, or otherwise that I or the company may have against MCA and any individual or organization that supplies such information by reason of any act or omission by any of them taken in connection with this application. I understand that the decision as to whether the product qualifies for certification rests solely and exclusively in MCA and that its decision is final. By signing and submitting this application, I also agree to the bound by all policies and procedures of MCA.

## **Coil Processor Product List**

Please type or print. You may photocopy this page as necessary.

You have the option of applying for certification for the regional manufacturers/mobile roll- formers to whom you supply processed coil. To do so, please list each manufacturer and provide quality control plan information.

Regional manufacturer/mobile roll-former				
Address				
Contact name and title				
Telephone number	E-mail address			
Product name				
Quality control program				
<ul> <li>A corporate officer has reviewed and signed the Reference Table for Quality Control Program Auditor</li> <li>OR</li> <li>The quality control program has been reviewed according to the requirements in Section IV.F.</li> </ul>				
Quality control evaluation service				
Date of last approval of quality control plan				
Regional manufacturer/mobile roll-former				
Address				
Contact name and title				
Telephone number	E-mail address			
Product name				
Quality control program				
A corporate officer has reviewed and signed the Reference Table for Quality Control Program Auditor <b>OR</b>				
The quality control program has been reviewed according to the requirements in Section IV.F.				

Quality control evaluation service

Date of last approval of quality control plan

## **Coil Processor Product List, continued**

Regional manufacturer/mobile roll-former				
Address				
Contact name and title				
Telephone number	E-mail address			
Product name				
Quality control program				
A corporate officer has reviewed and signed the Reference Table for Quality Control Program Auditor <b>OR</b>				
The quality control program has been reviewed according to the requirements in Section IV.F.				
Quality control evaluation service				
Date of last approval of quality control plan				
Regional manufacturer/mobile roll-former				
Address				
Contact name and title				
Telephone number	E-mail address			
Product name				
Quality control program				
A corporate officer has reviewed and signed the Reference Table for Quality Control Program Auditor <b>OR</b>				
The quality control program has been reviewed according to the requirements in Section IV.F.				

Quality control evaluation service

Date of last approval of quality control plan