



MULTIPLE LISTING APPLICATION FORM

(Refer to DQD 401) Date: _____

Attention:

Telephone: _____

Fax: _____

E-mail: _____

For prompt service without delay, please ensure all parts of this form are completed.

A. SUBMITTOR (Holder of certification file):

LISTEE: (Holder of M/L file):

(Company Name)

(Company Name)

(Address, City, Province/State, Postal/Zip Code)

(Address, City, Province/State, Postal/Zip Code)

Master Contract: _____

Listee ID No.: _____

Legacy Number: _____

ML Report No.:

Class Number: _____

(if updating) _____

B. CORRELATION OF MODEL DESIGNATIONS

(If additional space is needed, please provide an attachment.)

	<u>SUBMITTOR'S</u> <u>REPORT NO.</u>	<u>SUBMITTOR'S</u> <u>MODELS</u>	<u>LISTEE'S</u> <u>MODELS</u>	<u>IDENTICAL EXCEPT AS NOTED</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Note 1: Products must be manufactured and marked at the Submitter's factory listed with CSA. They must be identical in construction to their Submitter's certified counterpart and bear the same markings as specified in the original certification report except for company identification.

Note 2: If this is an update request, please only provide new models to be added.

C. AUTHORIZATION

Authorization by Submitter:

Authorization by Listee:

Signature of Submitter

Signature of Listee

Name: _____

Name: _____

Title _____

Title: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

D. INVOICES

Please indicate which party is responsible for the Project Fee:

Submitter Listee

Please indicate which party is responsible for the Multiple Listing Annual Fee:

Submitter Listee

E. MARKING INFORMATION REQUIRED TO BE SUPPLIED BY THE SUBMITTOR

“If” you will be making any changes that affect the CSA markings required for the Listee product, package, brochure, or user manual other than the Listee identification (i.e. Listee company name, Listee file number, or Listee model number) then please provide a sketch, example or drawing of the marking changes or change to the method of marking. Please refer to your original Certification Report for the CSA markings and method as noted.

“Or” if you order CSA combination labels please provide a drawing of the new label required.

(If additional space is required, please provide an attachment.)

Note: Any changes other than the Listee identification will require opening a separate certification project for review. This project will have to be completed prior to the completion of this M/L project.

For CSA Group use only			
Date Received:		Project Number:	
<input type="checkbox"/> Certification Project required		Reviewed By:	