



MULTIPLE LISTING APPLICATION FORM

Date Received:

Attention:

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

**A. APPLICANT
(Holder of Basic File)**

**MULTIPLE LISTEE
(Holder of M/L file)**

Name, Address, City, State, Zip or Postal Code	Name, Address, City, State, Zip or Postal Code
Master Contract No:	Listee ID No:
Basic File or Legacy No. LR or LL:	Contact ID No:
Report No.	(if currently listed with CSA)
Class No(s):	

B. CORRELATION OF MODEL DESIGNATIONS

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

BASIC MODELS	M/L MODELS	IDENTICAL EXCEPT AS NOTED

Note: Products must be manufactured and marked at the submittor's factory listed with CSA.

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.)

<i>For CSA International use only</i>			
Date Received:		Project Number:	
<input type="checkbox"/> Paperwork	<input type="checkbox"/> Technical	Reviewed By:	