



MULTIPLE LISTING APPLICATION FORM

(Refer to QD-1285)

Attention: Post Certification - Certification Management Services

E-mail: cms@csagroup.org

Date:

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)

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

(Company Name)

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

Master Contract:

Legacy Number:

LR no. if applicable

Class Number(s):

Listee ID No.

7 digits if applicable or NEW

Listee ML Contract No.

6 digits if applicable or NEW

ML Report No.

only if updating

B. CORRELATION OF MODEL DESIGNATIONS

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

	<u>SUBMITTOR'S REPORT NO.</u>	<u>SUBMITTOR'S MODELS</u>	<u>LISTEE'S MODELS</u>	<u>IDENTICAL EXCEPT AS NOTED</u>
1.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
2.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
3.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
4.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
5.	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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/removed.

C. AUTHORIZATION

Authorization by Submitter:

Signature of Submitter

Name:

Title

Phone:

Fax:

Email:

Authorization by Listee:

Signature of Listee

Name:

Title:

Phone:

Fax:

Email:

D. INVOICES

Please indicate which party is responsible for the Project Fee:

Submittor

Listee

Billing ID # (if different than submittor/listee ID #: _____)

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

Submittor

Listee

Billing ID # (if different than submittor/listee ID #: _____)

Please Circle Preferred Quote Currency (Project Only; Annual Fees Currency is pre-set based on account):

USD CAD EURO TWD CNY OTHER: _____

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.

Or if you are listing to classes 2258-03/83, 2258-04/84, please provide Listee Specific Control Drawing(s)

(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.