


## NRTL Initial Application, Expansion and/or Scope Reduction Request (Form I)

|   |  |   |                                 |
|---|--|---|---------------------------------|
| <b>NRTL Initial Application, Expansion,<br/>and / or Scope Reduction Request</b>  |  | <br>OMB No. 1218-0147 / Expires:<br>04/30/2020 |                                 |
| <b>Form I    Part I: General Information</b>  |  |   |                                 |
| <b>1. Legal Name of Applicant:</b><br>TÜV SÜD America, Inc  |  |   |                                 |
| <b>2. Applicant Headquarters Physical Address:</b>  |  |   |                                 |
| <b>a. Street Address:</b><br>401 Edgewater Place, Suite 500   |  |   |                                 |
| <b>b. City:</b><br>Wakefield  | <b>c. State/Province/Country:</b><br>MA                  |   | <b>d. Postal Code:</b><br>01880 |
| <b>3. Applicant Headquarters Mailing Address</b> <i>(if different from physical address)</i>  |  |   |                                 |
| <b>a. Street Address:</b>   |  |   |                                 |
| <b>b. City:</b>   | <b>c. State/Province/Country</b> <i>(as applicable):</i> |   | <b>d. Postal Code:</b>          |
| <b>4. Applicant Website Information</b>   |  |   |                                 |
| <b>a. Website Address:</b><br><a href="https://www.tuvsud.com/en-us">https://www.tuvsud.com/en-us</a>   |  |   |                                 |
| <b>b. Web Address of online certification directory:</b><br><a href="https://www.tuvsud.com/en/services/product-certification/ps-cert">https://www.tuvsud.com/en/services/product-certification/ps-cert</a>                               |  |   |                                 |
| <b>c. Web Address of online certification mark page:</b><br><a href="https://www.tuvsud.com/en-us/resource-centre/certification-mark-download-center">https://www.tuvsud.com/en-us/resource-centre/certification-mark-download-center</a> |  |   |                                 |
| <b>5. Primary Point of Contact Information</b>  |  |   |                                 |
| <b>a. Name:</b>   | Barry Quinlan  | <b>b. Title/Position:</b>   | Certification Manager           |
| <b>c. Telephone Number<br/>(with country code):</b>   | +1 (978) 573-2528  | <b>d. Fax Number:</b>   |                                 |
| <b>e. Email Address:</b>  | Barry.quinlan@tuvsud.com                                 |   |                                 |
| <b>6. Alternate Point of Contact Information</b>  |  |   |                                 |
| <b>a. Name:</b>   | Stephen Lee  | <b>b. Title/Position:</b>   | Certification Engineer          |
| <b>c. Telephone Number<br/>(with country code):</b>   | +1 (978) 573-2530  | <b>d. Fax Number:</b>   |                                 |
| <b>e. Email Address:</b>  | Stephen.lee@tuvsud.com                                   |   |                                 |

## Form I    Part II: Reason for Request

### 7. Type of Request *(Check all that apply)*

- |   |  |   |  |                                   |
|---|--|---|--|-----------------------------------|
| <input type="checkbox"/> a. Initial Recognition | <input type="checkbox"/> b. Expansion<br>– New Site(s) | <input checked="" type="checkbox"/> c. Expansion<br>– Additional Test Standards | <input type="checkbox"/> d. Scope<br>Reduction | <input type="checkbox"/> e. Other |
|---|--|---|--|-----------------------------------|

### 8. Brief Explanation of Request – Including a List of Standards Requested:

|                |   |
|----------------|---|
| UL 50e         | Enclosures for Electrical Equipment, Environmental Considerations   |
| UL 3100*       | Automated Mobile Platforms (AMPs)   |
| UL 60335-2-29* | ...Part 2-29: Particular Requirements For Battery Chargers  |
| UL 61010-2-201 | Safety Requirements for Electrical Equipment for<br>Measurement, Control, and Laboratory Use – Part 2-201: Particular<br>Requirements for Control Equipment |
| UL 60950-22    | Information Technology Equipment – Safety – Part<br>22: Equipment to be Installed Outdoors  |

\* New appropriate standard

Group 5

## Form I    Part III: Site Information

Enter information as indicated for each site to be included in this request.

For Expansions and Reductions – **OMIT if no changes are involved**

### 9. Applicant Site Information

| a. Site Name and Contact Information | b. Site Information  | c. Physical Address and Phone Numbers |
|--------------------------------------|--|---------------------------------------|
| Site Name:                           | <b>Site Type</b><br><input type="checkbox"/> HQ Site<br><input type="checkbox"/> Recognized Site   | Address:                              |
| Site POC:                            | <b>Key Location</b><br><input type="checkbox"/> HazLoc Testing<br><input type="checkbox"/> LP Gas Testing<br><input type="checkbox"/> Fire Suppression<br><input type="checkbox"/> Medical Equipment | Site Phone Number(s):                 |
| POC Email:                           |  | POC Phone Number(s):                  |
| Site Name:                           | <b>Site Type</b><br><input type="checkbox"/> HQ Site<br><input type="checkbox"/> Recognized Site   | Address:                              |
| Site POC:                            | <b>Key Location</b><br><input type="checkbox"/> HazLoc Testing<br><input type="checkbox"/> LP Gas Testing<br><input type="checkbox"/> Fire Suppression<br><input type="checkbox"/> Medical Equipment | Site Phone Number(s):                 |
| POC Email:                           |  | POC Phone Number(s):                  |
| Site Name:                           | <b>Site Type</b><br><input type="checkbox"/> HQ Site<br><input type="checkbox"/> Recognized Site   | Address:                              |
| Site POC:                            | <b>Key Location</b><br><input type="checkbox"/> HazLoc Testing   | Site Phone Number(s):                 |

|            |  |                       |
|------------|--|-----------------------|
| POC Email: | <input type="checkbox"/> LP Gas Testing<br><input type="checkbox"/> Fire Suppression<br><input type="checkbox"/> Medical Equipment   | POC Phone Number(s):  |
| Site Name: | <b>Site Type</b><br><input type="checkbox"/> HQ Site<br><input type="checkbox"/> Recognized Site   | Address:              |
| Site POC:  | <b>Key Location</b><br><input type="checkbox"/> HazLoc Testing<br><input type="checkbox"/> LP Gas Testing<br><input type="checkbox"/> Fire Suppression<br><input type="checkbox"/> Medical Equipment | Site Phone Number(s): |
| POC Email: |  | POC Phone Number(s):  |

### Form I Part IV: Verification of NRTL Requirements

The legal signatory's initials in this part constitute the applicant's certification of compliance / intent to comply with the NRTL Program requirements contained in 1910.7 and the terms of the NRTL's recognition as identified in Chapter II, Section F2 (required information) of the NRTL Program Policies, Procedures and Guidelines update.

### Form I Part V: Certification of Information

11. As legal signatory for [TÜV SÜD America, Inc.](#), the applicant, I attest that all statements and information contained in this form are correct to the best of my knowledge and are made in good faith. I also attest that my initials in Part III, "Verification of NRTL Requirements," constitute the applicant's certification of intent to comply / continuing compliance with the NRTL Program requirements contained in 1910.7. In addition, I attest that the applicant will: a) comply with all the policies, conditions, and requirements for recognition that OSHA imposes through its regulations, Directives, and Federal Register notices; b) operate as a NRTL only within the NRTL's approved scope of recognition (applicable test standards and sites), following the policies, procedures, structures, and practices described in the NRTL's original or amended application accepted by OSHA, or in appropriate and approved revisions made after recognition; and c) promptly submit details to OSHA of any major changes in the NRTL's operations.

12. Legal Signatory (type or print name): [Barry Quinlan](#)

13. Signature:



14. Date:

[2021-09-30](#)

**Paperwork Reduction Act Statement****OMB Control Number: 1218-0147**

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 160 hours for an initial application and no more than 24 hours for an expansion. This burden includes locating and assembling information required to complete the application. It may also include an on-site inspection / audit. The obligation to respond to this collection is voluntary. Information obtained from this form will be used to determine if the application and supporting information meets the requirements of the NRTL Program as outlined in 29 CFR 1910.7. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Labor, OSHA, Office of Technical Programs and Coordination Activities, Directorate of Technical Support and Emergency Management, 200 Constitution Avenue, NW, Room N3655, Washington, DC 20210.

**Form I      General Completion Directions**

OSHA safety standards require that specified equipment and materials (products) be tested and certified for safety by an OSHA-recognized organization. OSHA's Nationally Recognized Testing Laboratory (NRTL) Program fulfills this responsibility by recognizing the capabilities of mainly private sector testing organizations to test and certify such products for manufacturers.

To be recognized, an organization must meet OSHA's requirements. Initial recognition is granted if the application and an on-site audit of the organization demonstrate the applicant has the capability to test and certify products for safety. An organization must have the necessary capability both as a testing laboratory and as a product certification body to receive OSHA recognition as a NRTL. Once recognized, OSHA reviews each NRTL's activities to assure it continues to comply. The NRTL can also request an expansion of its recognition. This form, and its attachments, asks the NRTL to verify its general information as well as provide specific information related to its facilities and capabilities to meet NRTL Program requirements. Completing this form is entirely voluntary. Each applicant is free to submit an application for initial recognition or expansion using any form it chooses. However, OSHA will consider applications that do not contain the information requested in this form to be deficient and may delay or deny the request.

An applicant that chooses to use this form for initial recognition or expansion must send: (1) this completed form; (2) any additional information it wishes to submit to demonstrate capabilities to meet NRTL Program requirements; and (3) payment to:

Director  
Office of Technical Programs and Coordination Activities  
Directorate of Technical Support and Emergency Management  
Occupational Safety and Health Administration  
US Department of Labor  
200 Constitution Avenue NW, Room N3655  
Washington, DC 20210

Completed and signed forms and any accompanying documentation may also be scanned and emailed to [nrtlprogram@dol.gov](mailto:nrtlprogram@dol.gov). For questions, contact the Office of Technical Programs and Coordination Activities at +1.202.693.2110

## Form I Part I Directions

Part I of this form provides basic information related to the applicant. The information will be used to update applicant records and information posted on OSHA's NRTL webpage. Complete each block as indicated below.

- Block 1:** Enter the legal business name of the applicant as currently recognized or requested.  
**Note:** If the applicant wishes to use a name that is different from the name listed on OSHA's NRTL page (see <http://www.osha.gov/dts/otpca/nrtl/nrtllist.html>), the applicant must submit a request for name change to OSHA's NRTL Program office using the contact information listed above.
- Block 2:** Enter the physical street address, city, state, and postal code and country for the headquarters office of the applicant. For international addresses, enter the province followed by the country name in **Block 1c**.
- Block 3:** Enter the mailing address, city, state, and postal code and country for the headquarters office of the applicant. For international addresses, enter the province followed by the country name in **Block 2c**.
- Block 4:** **Block 4a.** Enter the URL for the applicant's home webpage.  
**Block 4b.** Enter the URL for the applicant's online product certification listing. Note: if the applicant does not have a resource online, include a URL to a webpage that provides directions as to how a product certification may be obtained.  
**Block 4c.** Enter the URL to the webpage or online resource that explains the usage of the applicant's certification mark as it applies to OSHA's NRTL Program.
- Block 5:** Enter contact information of the applicant's primary point of contact. Include their name, title, telephone number with country code, fax number, and email address.
- Block 6:** Enter contact information of the applicant's alternate point of contact. Include their name, title, telephone number with country code, fax number, and email address.

## Form I Part II Directions

Please identify the reason for the application. For initial requests, ensure to include the Company Profile Worksheet. For initial requests and expansions of test standards, refer to the Test Standard Worksheet.

- Block 7:** In **Block 7a** through **Block 7e**, place a check next to each action that applies to this application. For **Block 7e**, ensure a description of the action is included in **Block 8**.
- Block 8:** Provide a brief description of the action being requested.

## Form I Part III Directions

Please enter the site name and address for each site to be included in this application. Use additional pages as required.

- Block 9:** **Block 9a.** Enter the full name of the laboratory to be included with this application. Enter the point of contact (POC) for this site and the POC's email address.  
**Block 9b.** Place a check next to the box that is most appropriate site type for the site being added in this application. Place a check next to each box under key locations if the activity is performed at the site.  
**Block 9c.** Enter the complete physical address, site phone number and the POC phone number for the site being added. Be sure to include the name of the country and the telephone country code for international sites.

## Form I    Part V Directions

Part V is the applicant's certification that it will comply / continue to comply with the requirements of the NRTL Program as outlined in 29 CFR 1910.7, its letter of recognition, and supporting NRTL Program Directive and guidelines. The blocks in Part V must be completed by the legal signatory for the applicant.

**Block 11:** Enter the legal business name of the applicant. See note in **Block 1** for additional information related to a name change for a NRTL.

**Block 12:** Print or type the name of the individual having legal signatory authority for the applicant.

**Block 13:** Enter the signature of the individual having legal signatory authority for the applicant

**Block 14:** Enter the date the individual with legal signatory authority signed this document.