

Corporate Entity Information *

The information provided in this section must be the same as provided to the Internal Revenue Service, Federal Trade Commission, or other government entities. A separate form must be filed for each certification program unless the information is the same across the programs.

Full and Legal Name of Corporate Entity

Address (Street, City, State, Zip Code, etc.)

City

State

Postal Code

Country

Telephone

Legal State of Incorporation if Domestic, or
Country if International

Parent Company Name (Business enterprise that owns
the company, if applicable)

Company Type * (Please select only one)

☐ Original Equipment Manufacturer (OEM):

A corporate entity capable of bearing legal rights and obligations, that manufactures and markets, under one or more brand names, equipment that falls within the scope of a certification program.

Please provide the city and state or city and county of all manufacturing facilities for the certified product.

| City | State (If Domestic) or Country (If International) |
|------|---|
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☐ Private Brand Marketer (PBM):

A corporate entity capable of bearing legal rights and obligations, that markets equipment manufactured by a different corporate entity (an OEM) under one or more brand names.

Corresponding AHRI OEM Participant Name

Company Address, Country

OEM Contact Name (First, Last)

Title

Telephone

Email Address

Certification Program Information *

- ☐ Air-Cooled Water Chilling Packages (ACCL)
- ☐ Air-to-Air Energy Recovery Ventilators (Component)
- ☐ Air-to-Air Energy Recovery Ventilators (Packager)
- ☐ Automatic Commercial Ice-Makers (ACIM)
- ☐ Central Station Air-Handling Units – Casing (AHUC)
- ☐ Central Station Air-Handling Units – Supply Fan (AHU)
- ☐ Commercial Boiler (CBLR)
- ☐ Commercial Furnaces (CFRN)
- ☐ Commercial Refrigerated Display Merchandisers and Storage Cabinets (CRM)
- ☐ Commercial Water Heaters (CWH)
- ☐ Datacom Cooling (DCOM)
- ☐ Direct Heating (DHE/DHT)
- ☐ DX Dedicated Outdoor Air Systems Units (DOAS/DOAD)
- ☐ Forced Circulation Air–Cooling and Air-Heating Coils (ACHC)
- ☐ Geothermal–Direct Geoexchange Heat Pumps (DGX)
- ☐ Geothermal Water-Source Heat Pumps (WSHP)
- ☐ Heat Pump Pool Heaters (HPPH)
- ☐ Ice Storage Bins (IBIN)
- ☐ Indirect Water Heaters (IWH)
- ☐ Liquid-to-Liquid Brazed & Fusion Bonded Plate Heat Exchangers (LLBF)
- ☐ Liquid-to-Liquid Heat Exchanges (LLHE)
- ☐ Packaged Terminal Air-Conditioners (PTAC)
- ☐ Packaged Terminal Heat Pumps (PTHP)
- ☐ Reclaimed Refrigerants (RECL)
- ☐ Refrigerant Recovery/Recycling Equipment (RRRE)
- ☐ Refrigerant Testing Laboratory (RTL)
- ☐ Residential Boiler (RBLR)
- ☐ Residential Furnaces (RFRN)
- ☐ Residential Water Heaters (RWH)
- ☐ Room Fan-Coil Air-Conditioners (RFC)
- ☐ Single Packaged Vertical Units (SPVU)
- ☐ Transport Refrigeration (TR)
- ☐ Unit Coolers (UC)
- ☐ Unit Ventilators (UVNT)
- ☐ Unitary Large Equipment (ULE)
- ☐ Unitary Small Air-Conditioner Equipment (USAC)
- ☐ Variable Speed Mini Split/Multi Split Air Conditioner (VSMSAC)
- ☐ Unitary Small Heat Pump Equipment (USHP)
- ☐ Variable Speed Mini Split/Multi Split Heat Pump (VSMSHP)
- ☐ Variable Air Volume Terminals (VAV)
- ☐ Variable Frequency Drives (VFD)
- ☐ Variable Refrigerant Flow (VRF)
- ☐ Water-Cooled Water-Chilling and Heat Pump Water Heating Packagers (WCCL)

Certification Contact Information

Certification Contact is AHRI's point of contact for all issues relating to his/her company's participation in the AHRI Certification Program, such as certification agreements, test selections and reports, certification sales volume inquiries, any questions of a technical nature, and compliance with the rules of the certification program.

Primary Certification Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Additional Certification Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Chief Executive Officer/President Information

The CEO/President will receive a report each year regarding his/her company's performance in the AHRI Certification Program.

Business Leader Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Billing Contact Information

The Billing Contact will receive all invoices related to AHRI certification and liaise with the Certification Contact for invoice approval.

Primary Cert Billing Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Additional Billing Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Marketing Contact Information

The Marketing Contact is AHRI's point of contact for all issues relating to promotions, advertising, and marketing.

Marketing Contact Name (First, Last)

Email Address

Street Address, Including Country
(If different than corporate entity address)

Title

Telephone

Regulatory Contact Information

The Regulatory Contact is AHRI's point of contact for all issues relating to regulatory reporting, *if regulated products are manufactured*.

Regulatory Contact Name (First, Last)

Street Address, Including Country
(If different than corporate entity address)

Email Address

Title

Telephone

Other Information

| Markets where the certified products are used: | | Are you an AHRI member? | |
|---|---|--|---|
| <input type="checkbox"/> Commercial & Industrial | <input type="checkbox"/> Residential | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you aware of the benefits offered by membership in AHRI? Check all that apply: | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| <input type="checkbox"/> Industry statistical data | <input type="checkbox"/> Pre-competitive research | <input type="checkbox"/> Standards and certification program voting rights | <input type="checkbox"/> Networking |
| | | | <input type="checkbox"/> Legislative and regulatory news and guidance |
| | | | <input type="checkbox"/> Certification discounts |
| Do you ship the product you plan to certify in the U.S., Canada, and/or globally? What percentage? | | | |
| <input type="checkbox"/> U.S. | <input type="checkbox"/> Canada | <input type="checkbox"/> Globally | |
| <input type="checkbox"/> 0% - 20% | <input type="checkbox"/> 0% - 20% | <input type="checkbox"/> 0% - 20% | |
| <input type="checkbox"/> 21% - 40% | <input type="checkbox"/> 21% - 40% | <input type="checkbox"/> 21% - 40% | |
| <input type="checkbox"/> 41% - 60% | <input type="checkbox"/> 41% - 60% | <input type="checkbox"/> 41% - 60% | |
| <input type="checkbox"/> 61% - 80% | <input type="checkbox"/> 61% - 80% | <input type="checkbox"/> 61% - 80% | |
| <input type="checkbox"/> 81% - 100% | <input type="checkbox"/> 81% - 100% | <input type="checkbox"/> 81% - 100% | |
| Reason for seeking certification: | | | |
| <input type="checkbox"/> Minimum efficiency requirements | <input type="checkbox"/> Marketing purposes | <input type="checkbox"/> Competitive edge | |
| <input type="checkbox"/> Requirement for project | <input type="checkbox"/> Client requested | <input type="checkbox"/> Other (please specify) | |

Domestic Manufacturer or Importer (For OEMs selling in the U.S. and applying for DOE regulated programs)

The information provided in this section will be provided to DOE for its regulated programs. (ACIM, CBLR, CFRN, CRM, CWH, DCOM, DHE, DOAS, PTAC, PTHP, RBLR, RFRN, RWH, SPVU, ULE, USAC, USHP, VRF & WSHP)

Please indicate if you are a U.S. domestic manufacturer or an importer. ☐ U.S. Domestic Manufacturer ☐ Importer

If you are an importer, please provide the information below.

Importer Company

Importer Contact Name (First, Last)

Importer Contact Title

Importer Address, Including Country (If different than corporate entity address)

Importer Telephone

Importer Email Address

Importer Number (Designated number assigned to the importer of record by U.S. Customs and Border Protection)

Directory Data Access Personnel Contact Information

Directory Data Access Personnel (DDAP) are individual(s) with AHRI Directory system login capabilities enabling them to manage data (i.e. add or edit records), view, and/or download data from the system.

Only OEM companies may have DDAPs. If this application is for a PBM company, please provide contact information for the OEM personnel who will be managing the PBM company's data in the AHRI Directory. Each company must have at least one DDAP per certification program. If there will only be one DDAP, this individual must be assigned the Data Master role. The available system permission levels for DDAPS are:

Data Master (DM) – An individual with this permission can add brand names and manufacturer names, add/edit records, and view/download company data (beyond published data fields).

Data Entry (DE) – An individual with this permission can add/edit records and view/download company data (beyond published data fields).

Data View (DV) – An individual with this permission can view/download company data (beyond published data fields).

Public Data (PD) – An individual with this permission has access to a feature allowing them to download public Directory data without the 250-record limit imposed on the public Directory. Any data acquired shall be for information-only use by the Licensee, cannot be published, and cannot be used by, or provided to, any entity outside of the Licensee. A Licensee may have up to 6 users with PD access. A user can have PD access in addition to DM, DE, or DV access.

Upon receipt of a complete application, AHRI will provide each DDAP with their individual system login credentials.

| | | | |
|-------------------------------|----------|--------|-------------------|
| Contact 1 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 2 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 3 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 4 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 5 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 6 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 7 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |
| Contact 8 Name (First, Last): | | Title: | Permission Level: |
| Email Address: | Address: | | Telephone: |

This application is being submitted by:

| | | |
|--------------------|-------|-----------|
| Name (First, Last) | | Date |
| Email Address | Title | Telephone |