Florida Building Commission

Application for Local Product Approval

Note: This application is only for approval by local jurisdictions for the following categories of products: panel walls, exterior doors, roofing, skylights, windows, shutters and structural components or for products comprising a building’s envelope introduced as a result of new technology.

1. Application for Approval by Method 1 / Method 2 (circle one) for the following category of product: _______________________________________________________________

2. Name of Applicant (Company) ______________________________________________

3. Mailing Address __________________________________________________________
__________________________________________________________________________

4. Telephone No. (_____ ) _________________ Fax No. (_____ ) __________________

5. E-Mail Address ___________________________________________________________

6. Name and title of applicant’s technical representative (if any)
___________________________________________________________________________

Address (if different from address of applicant)

___________________________________________________________________________

Telephone No. ( _____ ) _________________ Fax No. ( _____ ) _________________

E-Mail Address ___________________________________________________________

Florida Professional Registration No. (if any) ____________________________________

Florida Professional Firm Registration number (if any) _____________________________

7. Name of approved third party quality assurance entity
___________________________________________________________________________

Address _________________________________________________________________

Telephone No. (_____ ) _________________ Fax No. (_____ ) _________________

E-Mail Address ___________________________________________________________

Name of authorized representative _____________________________________________

Florida Professional Registration No. (if any) ____________________________________
Florida Professional Registration number (if any)___________________________________

8. Provide the following information on a separate sheet:
   • Product name and model number (if any)
   • Name, address, reports, and applicable report numbers of:
     Testing entity
     Evaluation entity
     Certification entity
   • List of requirements the product complies with including Code section numbers and reference standards
   • List of limitations on product’s compliance and use
   • Installation instructions for the product

9. Other information
   Give any other information that may be of assistance to the local jurisdiction in considering this application. (Attach a separate sheet, if needed.)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

10. Name and title of person authorized to sign on behalf of applicant

   __________________________________________________________
   Signature________________________________________________
   __________________________________________________________
   Date______________________________________________________