

CERTIFICATION OF AUTHORIZED FABRICATOR

Please complete and return the following information for each sheet metal fabrication shop location (e.g., shops at different addresses) to be included in your company's authorized certification of tested products per ANSI/SPRI ES-1 2003 guidelines.

Fax back to: 877-321-9638 or email to: esprogram@drexmet.com

Primary Contact Person _____

Title (Primary Contact) _____

Company Name _____

Company Address _____

City, State, ZIP _____

Telephone _____ Fax _____

Website _____

Secondary Contact _____

Phone _____ Email _____

Equipment List (All equipment used to fabricate submitted details)

_____	_____
_____	_____
_____	_____
_____	_____

Upon receipt of this completed application, an invoice for the audit fee will be sent to the contact above. This invoice must be paid prior to the completion of the audit. This agreement is accepted by: ARM ES-1 Authorized Fabricator Name

Signature of Officer _____

Company Name _____

Title _____