



Certification Request Form

Laboratory Name:

Contact Name: Title:

Address: Province:

Email: Phone:.....

Business License No: Date of Establishmen.....

Name of Authorized Manager:

Please attach the AISA license and previous certificates as well as the list of tests that your lab seeks certification for.

Signature and stamp:

Date:

Note: By signing this form, I agree that I have studied The ABA Certification Program Procedures Manual for the Certification of Construction Materials Testing Laboratories and I accept all criteria and conditions and our laboratory will apply all of the rules described in this manual.