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| UChicago_CMYK_MAROON |  |  |  |

**CERTIFICATE OF ELECTRICAL CERTIFICATION**

Please identify which of the Nationally Recognized Testing Laboratories (NRTL) below has certified the equipment your company is providing to the University.

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|  | Applied Research Laboratories of South Florida, LLC (ARL) |
|  | Bay Area Compliance Laboratories (BACL) |
|  | CSA Group Testing and Certification Inc. (CSA) |
|  | Curtis-Straus LLC (CSL) |
|  | FM Approvals (FM) |
|  | International Association of Plumbing and Mechanical Officials EGS (IAPMO) |
|  | Intertek Testing Services NA, Inc. (ITSNA) |
|  | MET Laboratories, Inc. (MET) |
|  | Nemko North America, Inc. (NNA) |
|  | NSF International (NSF) |
|  | QAI Laboratories, LTD (QAI) |
|  | QPS Evaluation Services Inc. (QPS) |
|  | SGS North America, Inc. (SGS) |
|  | Southwest Research Institute (SWRI) |
|  | TUV Rheinland of North America, Inc. (TUV) |
|  | TUV Rheinland PTL, LLC (TUVPTL) |
|  | TUV SUD America Inc. (TUVAM) |
|  | TUV SUD Product Services GmbH (TUVPSG) |
|  | Underwriters Laboratories, Inc. (UL) |

If the equipment offered to the University is certified with a “CE” designation, please mark the box below and provide the additional information required.

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|  | European Economic Area Conformance (CE) |
| Additional Information (CE designation only) - Power requirements of purchased equipment.  Input Voltage: \_\_\_\_\_\_\_\_\_\_\_\_ volts Output Voltage: \_\_\_\_\_\_\_\_\_\_\_ volts  Amperes draw: \_\_\_\_\_\_\_\_\_\_\_ amps Amperes draw: \_\_\_\_\_\_\_\_\_\_\_\_ amps | |

By submission of this certificate, the Seller certifies and attests that, to the best of its knowledge and belief, the information above, regarding the electrical certification of the equipment offered in the Seller’s quote is accurate and upon request by the University can produce documentation to support this claim.

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorizing person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorizing person (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_