

# National Fenestration Rating Council



## Request for New Technologies Certification Extension

### Petitioner / Requester Information:

IG Certification Program: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Information about Request

Details about new technology (*i.e., new spacer type, proprietary component*)

Request: (*include why the new technology is not covered by the testing specifications*)

Provide test specification modifications (*i.e., provide the testing modifications accepted by the IGC, timeframe for presenting to the ASTM or CSG, and any previous testing results*)

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## Request for New Technologies Certification Extension

Exemptions/Extensions from IGC program (*i.e., information on any extensions that the IGC may have already provided*)

Date IG testing will commence: \_\_\_\_\_

Laboratory performing testing: \_\_\_\_\_

Date IG certification is expected: \_\_\_\_\_

Product Lines requiring extension: (If applicable, provide list on a separate form)

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\_\_\_\_ All current certified product lines

***The undersigned verifies that the information provided above is accurate***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: Typing your name is an acceptable form of officially signing the document.*

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**NFRC Office Section** *(Do not write below line)*

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Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
Petitioner Eligibility: \_\_\_\_\_

Staff Notes:

Date Forwarded: \_\_\_\_\_ Committee: \_\_\_\_\_  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Explanation (If applicable):

Authorized By: (NFRC) \_\_\_\_\_