

# National Fenestration Rating Council



## Request for IG Certification Extension

### Petitioner / Requester:

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

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

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

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

NFRC Inspection Agency: \_\_\_\_\_

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

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

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

*NOTE: Please have your IGC program forward a statement to NFRC describing the **status** of the work in process to achieve IG certification. This statement can be sent via email to [shanlon@nfr.org](mailto:shanlon@nfr.org).*

### Reason for Request *(be specific to include type of spacer system and / or glazing systems)\**

\*Request:

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) \_\_\_\_\_