

**NEBB QUALITY ASSURANCE PROGRAM
CONFORMANCE CERTIFICATION APPLICATION**

NEBB CERTIFIED FIRM

- 1.0 Firm name _____
- 2.0 NEBB Certification No. _____
- 3.0 Address _____
_____ ZIP _____
- 4.0 Telephone _____ FAX _____
- 5.0 NEBB Qualified Supervisor assigned to project (Name): _____
- 6.0 I, _____, being an Officer of the NEBB Certified Firm, do hereby agree to be bound by the Quality Assurance Program -- Conformance Certification procedures as outlined in Enclosure 13 to the NEBB *Operational Guide for Chapters of the National Environmental Balancing Bureau*.
- 7.0 Signed _____ Title _____
- 8.0 Date _____
-

CONTRACT WITH THE FOLLOWING FIRM

- 9.0 Firm name _____
- 10.0 Address _____
_____ ZIP _____
- 11.0 Telephone _____ FAX _____
- 12.0 Contact Person _____
- 13.0 Title of Contact Person _____
- 14.0 Total value of NEBB work (Submit price page of contract) _____
- 15.0 Anticipated start date _____
- 16.0 Anticipated completion date _____
-

PROJECT INFORMATION

- 17.0 Project name and number _____
- 18.0 Address _____
_____ ZIP _____
- Building owner or representative:
- 19.0 Individual's name _____
- 20.0 Firm's name _____
- 21.0 Address _____
_____ ZIP _____
- 22.0 Telephone _____ FAX _____
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PROJECT INFORMATION

Design Professional:

23.0 Individual's name _____

24.0 Firm's name _____

25.0 Address _____

_____ ZIP _____

26.0 Telephone _____ FAX _____

27.0 Specifications require NEBB Procedural Standards: Yes _____ No _____

28.0 Applicable discipline(s) _____
(air/hydraulics, sound & vibration, or cleanroom testing)

29.0 Specification require a NEBB Conformance Certification: Yes _____ No _____

If yes to items 27.0 or 29.0 above, attach copy of specification page(s) calling for NEBB Procedural Standards and/or Conformance Certification.

APPLICATION PROCESS AND FEE

This application should be sent **ALONG WITH THE SUBMITTED COPY OF THE PRICE PAGE OF THE CONTRACT.** If necessary, a check payable to NEBB for the Conformance Certification Fee shall accompany this application. The fee will be based upon the contract value as indicated on Line 14.0.

RETURN APPLICATION AND CHECK TO;

National Environmental Balancing Bureau
8575 Grovemont Circle
Gaithersburg, Maryland 20877-4121

☎ 301-977-3698
FAX 301-977-9589

CONFIRMATION

This application is accepted, and a Conformance Certification is authorized by the National Environmental Balancing Bureau to be issued by NEBB,

This _____ Day of _____, 200_____.

Conformance Certification Certificate Number _____

Signed: _____ Title: _____

Date _____
