



Cold Climate Housing Research Center
APPLICATION FOR CERTIFIED ALASKA TOUGH®

THIS APPLICATION MAY BE FILLED OUT ELECTRONICALLY. YOU MAY PRINT A COPY AND PRINT ALL REQUESTED INFORMATION INTO THE FORM. **IF YOU HAVE QUESTIONS, CALL (907) 457-3454** OR EMAIL CERTIFIEDALASKATOUGH@CCHRC.ORG. PLEASE COMPLETE AND MAIL, EMAIL, OR DELIVER THIS APPLICATION TO:

COLD CLIMATE HOUSING RESEARCH CENTER (CCHRC)
 PO BOX 758170, FAIRBANKS, AK 99775-8170, FAX: (907) 457-3456
 PHYSICAL ADDRESS: 955 DRAANJIK DRIVE, FAIRBANKS, AK 99775

INITIAL APPLICATION	RENEWAL APPLICATION	ADD PRODUCT LINE
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BUSINESS CONTACT INFORMATION

Company Name: _____
 Contact Name (POC): _____
 Company address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact Email: _____

PRODUCT LINE INFORMATION (LIST PRODUCT LINES INDIVIDUALLY, ATTACH ADDITIONAL PAGES IF NECESSARY)

NFRC#	AAMA# OR WDMA#	BRAND NAME (FOR CONSUMER)

PAYMENT INFORMATION

Payment for use of Certified Alaska Tough name or mark is due upon approval of requirements outlined in Schedule A. Upon completion of this application and required attachments, CCHRC will review for accuracy and compliance. Initial Certificate of Authorization is for four years for a fee of \$10,000 for the initial application (up to 10 product lines). For additional product lines listed above fees are \$100 each for four years.

REQUIREMENTS OF APPLICANT

Please attach the following to this application for review (see Schedule A and Certified Alaska Tough Program Requirements):

	NFRC Certification Authorization for each product line
	AAMA or WDMA Authorization for Product Certification and air leakage values for each product line
	Structural Test Report Summary

AGREEMENT

1. This application is not proof of payment.
2. All information is accurate in attached documents.
3. By submitting this application, you are authorizing CCHRC to review the qualifications of the submitted documents.
4. Submitting this form does not authorize the use of the Certified Alaska Tough name and mark, only a Certificate of Authorization issued by CCHRC authorizes use of the name and mark.

SIGNATURES

_____ Name _____ Title _____ Signature	_____ Name _____ Title _____ Signature
_____ Date	_____ Date

