California Air Resources Board

ARB Application No. _____
Assigned by ARB

# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

## A. APPLICANT INFORMATION:

**1. Manufacturer Submitting Application:** _____

Phone: _____ Fax: _____

Mailing Address: _____

_____

_____
City State Zip Country

Name of Contact Person: _____
First Last

Phone: _____ Fax: _____

Email: _____

Website: _____

**2. Model Manufactured For:** _____

Phone: _____ Fax: _____

Mailing Address: _____

_____

_____
City State Zip Country

Name of Contact Person: _____
First Last

Phone: _____ Fax: _____

Email: _____

Website: _____

*If manufactured for multiple brand name retailers, please attach contact information for all other such retailers.*

**3. Model Manufactured By:** _____

Phone: _____ Fax: _____

Mailing Address: _____

_____

_____
City State Zip Country

Name of Contact Person: _____
First Last

Phone: _____ Fax: _____

Email: _____

Website: _____

☐ *Please check this box if Section A contains proprietary information that you wish not to be made public.*

## B. MANUFACTURER REPRESENTATIVE INFORMATION:

*(Complete if application is being submitted by a professional association or certification organization on behalf of the manufacturer.)*

Organization: _____

Name of Contact Person: _____
First Last

Phone: _____ Fax: _____

Mailing Address: _____

_____

_____
City State Zip Country

Email: _____

Website: _____

Relationship to manufacturer: _____

☐ *Please check this box if Section B contains proprietary information that you wish not to be made public.*

# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

## C. INDOOR AIR CLEANING DEVICE INFORMATION:

Brand Name: _____
Model Number: _____
Model Name: _____
Model Group: _____

Please list all additional models within this model group in the box below (Add additional sheets if necessary).

| Brand Name | Model Name and/or Number | Variation from model tested |
|---|---|---|
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☐ *Please check this box if Section C contains proprietary information that you wish not to be made public.*

*I have reviewed ARB's definition of "model group" and have determined that the models listed meet ARB's definition of "model group."*

**Print Name:** _____

**Signature:** _____ **Date:** _____
(Manufacturer or representative of the manufacturer)

**Title:** _____

# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

## D. DEVICE DESIGN AND OPERATION:

1. **Principles of Design and Operation. Describe the basic design and operational characteristics of the device tested. Attach schematics and additional documentation sufficient to verify the design and operation principles. Also attach schematics for all additional models listed in Section C that have any mechanical or electronic differences from the tested device model, and highlight those mechanical or electronic differences. PLEASE LIST ALL RELEVANT ATTACHMENTS AND SPECIFY PERTINENT PAGE NUMBERS BELOW.**

2. **Maintenance Requirements. Describe all maintenance requirements. Attach additional documentation as appropriate. PLEASE LIST ALL RELEVANT ATTACHMENTS AND SPECIFY PERTINENT PAGE NUMBERS BELOW.**

3. **Documentation of meeting ANSI/UL Standard 507. For mechanical-filtration only devices tested on or before August 8, 2008, please attach documentation demonstrating the device's compliance with ANSI/UL Standard 507. Documentation must include a signature from the laboratory that completed ANSI/UL Standard 507 testing, such as a signed letter or form from the test laboratory. Please indicate here the title of any such documentation that you are submitting with this application.**

4. **Available marketing materials and owner's manuals must be included with the application materials, if available.**

☐ *Please check this box if Section D contains proprietary information that you wish not to be made public.*

*The information provided in sections A through D on this form is true and correct to the best of my knowledge.*

**Print Name:** _____

**Signature:** _____ Date: _____
(Manufacturer or representative of the manufacturer)

**Title:** _____

# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

## E. AIR CLEANER TEST INFORMATION (To be filled out by the testing laboratory):

Testing Organization: _____

Facility ID: _____ Chamber ID: _____

Test Document: _____

Mailing Address: _____

_____

_____
City State Zip

Contact Person: _____
First Last

Phone: _____ Fax: _____

Email: _____ Website: _____

## F. AIR CLEANER TEST RESULTS (To be filled out by the testing laboratory)

**1. Electrical safety requirements of ANSI/UL: Check applicable standard and if the device passed or failed**

☐ ANSI/UL 867 ☐ Pass ☐ Fail Date that the ozone emission test was conducted _____

☐ ANSI/UL 507 ☐ Pass ☐ Fail (ANSI/UL Standard 507 is only applicable if the device uses mechanical filtration only)

**2. Ozone test results required under Section 37 of ANSI/UL 867, 4th Edition, published December 21, 2007**

| Unit | Manufacture Date | Model Name and Number | Serial Number or Manufacture Date Code |
|---|---|---|---|
| Unit 1 | | | |
| Unit 2 | | | |

**Report ozone test results below as the maximum concentration minus the background concentration. If the device is provided with multiple speeds/output levels, please provide the ozone test results for all settings for which the device was tested. Attach additional sheets if necessary.**

| List Setting Tested and Any Special Features Turned On | Unit 1 | | Unit 2 | |
|---|---|---|---|---|
| | Concentration (ppm) | Test Length (hrs) | Concentration (ppm) | Test Length (hrs) |
| | | | | |
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# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

**Ozone measurements were obtained following the procedures in Section 37 of ANSI/UL 867, 4th Edition, as published December 21, 2007, and subsequent applicable UL Certification Requirement Decisions.**

Check one: ☐ Yes ☐ No

**Did any transitory measurements exceed 0.050 ppm?**

Check one: ☐ Yes ☐ No

**Please describe any test failures, transitory exceedances, and other related information.** Relevant information includes excess transitory excursions, motor failure during the test, devices not received with packaging intact, stopping the test due to electrical parts overheating, etc. Attach additional sheets, if necessary. List all relevant attachments and specify pertinent sections/page numbers from all attachments below.

**Please attach a copy of the chain of custody sheet for the device(s) tested.**

*I personally tested this device, or am the representative who is responsible for the tests; the information provided in sections E, F, and G of this application is true and correct to the best of my knowledge.*

**Print Name:** _____

**Signature:** _____ **Date:** _____
(Test facility or test organization representative)

**Title:** _____

# INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

**G. Additional comments (attach additional sheets if necessary):**