

APPLICATION FOR GLAZING MATERIAL MANUFACTURER IDENTIFICATION

Glazing Material Manufacturer's Plant Information

Plant Contact Name: _____
Last First Position

Plant Name: _____

Business Address: _____
Street, Suite No., P.O. Box No. City(Province) State Country Zip Code

Plant Contact Info: _____
Telephone Facsimile Email

Glazing Company's Main Office Information

Company Contact Name: _____
Last First Position

Company Name: _____

Business Address: _____
Street, Suite No., P.O. Box No. City(Province) State Country Zip Code

Company Contact Info: _____
Telephone Facsimile Email

Glazing Material Company's U.S. Resident as Agent as identified in the separate 49 CFR Part 551 submission (Complete agent information only if this application is for a foreign manufacturer)

Agent Name: _____
Last First

Business Address: _____
Street, Suite No., P.O. Box No. City State Country Zip Code

Agent Contact Info: _____
Telephone Facsimile Email

Questions

Are you a manufacturer that cuts a section of glazing materials? Yes No

Are you a distributor that cuts a section of glazing materials? Yes No

Application Completed by: _____
Last First Date

Instructions For Application Submission

1) Please Type or Clearly Print
2) Submit the completed application by Mail, Fax or E-mail to:
Ms. Jeanette Greenfield
U.S. Department of Transportation
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE, W45-207, NVS-220
Washington, DC 20590
Fax: 202-366-3081 Voice: 202-366-5317
E-mail: Jeanette.Greenfield@dot.gov

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