



Standards Development Application Form

(NOT an application for product listing)

Standard Designation (i.e., number): _____

Standard Title: _____

For Presentation to the Standards Review Committee on (Month): _____

Proponent Name: _____ Date: _____

Company Name: _____

E-mail Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State or Province: _____

Country: _____ Zip or Postal Code: _____

Representative Name (if different from Proponent): _____

Representative's E-mail Address (if different from Proponent): _____

Action: New Standard _____ Revision to Existing Standard _____

Scope (for new standards only): _____

Reason for Change or for Developing New Standard: _____

Summary of Changes (for revisions only): _____

Patents: Does the proposed standard contain any patented items or activities? (Yes/No) _____
If Yes, identify the patented item or activity: _____

Intent: U.S. only _____ U.S. and Canada (additional fees apply) _____

Basic Fees: New Standard (for the U.S. only): \$5,500 _____
Revision to Existing Standard published *after* June 2011: \$2,750 _____

Revision to Existing Standard published *before* June 2011: \$3,750 _____

Additional Fees: Standard for the U.S. and Canada: \$2,750 _____

Expedited Service (ES) Fee for New Standard*: \$5,500 _____

ES Fee for Revision to Existing Standard*: \$1,995 _____

Reinstatement fee for withdrawn inactive standards: \$1,500 _____

Total Amount Due (sum of fees checked): \$ _____

*ES fees are in addition to the basic development fees and are applicable to applications made less than two weeks prior to an SRC meeting.

Signature: _____ Date: _____

Development of a new IAPMO standard or revision of an existing Standard does not confirm code compliance of a product nor issuance of a certificate of listing with IAPMO R&T

Payment info: Check _____ (Please send check to: 4755 East Philadelphia Street, Ontario, California, 91761
Attention: Standards Department)

Credit Card _____

Name on Card: _____ Type: _____

Card No.: _____ Expiration: _____

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|------------------------|-------------------------|----------------------|-----------------|
| Staff use only: | Date Received _____ | Draft Attached _____ | Fees Paid _____ |
| | Agenda Month/Year _____ | Customer # 17- _____ | Invoice # _____ |