

AMERICAN **PETROLEUM** INSTITUTE

TRAINING AND CERTIFICATION PROGRAMS

Diesel Exhaust Fluid Certification License Application

Part A - Company Data

Company Information

Company:

The company listed below hereby applies for authorization to use the registered marks of the API Diesel Exhaust Fluid Certification Program. This application consists of this Part A - Company Data and one or more of the following: Part B — Product Data Sheet; Part C — License Agreement; and Part D — Product Traceability Code. Applications for new licenses must include Parts A, B, C, and D. An Amended License Agreement is required when a new product or products are added to a current license.

Street Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Website:			
Primary Contact (Any employee of the company may be listed	ed as the cont	act person)	
Salutation (Dr./Mr./Ms.):			
First Name:	Initial:	Last Name:	
Telephone:		Fax:	
(Include country and city codes if outside t	he United Stat	tes and Canada)	
Email:			
Primary Contact Address (If different from Company Information abo	ove)		
Company:			
Street Address:			
City:			
State/Province:			
Zip/Postal Code:		Country:	
Contact should receive corresponder ☐ License Renewal/Invoices ☐ Aud	nce related this state of the s	to the following (check all tha Changes to License Rules	t apply): ☐ Formulation Questions
CONTINUED >>			



API Diesel Exhaust Fluid Certification Program

1220 L Street, NW Phone: 202-682-8516 Washington, DC 20005-4070 Fax: USA

202-962-4739 Email: apidef@api.org Web: www.apidef.org PAGE 1 OF 3

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Other Contact (1)			
Salutation (Dr./Mr./Ms.):			
First Name:	Initial:	Last Name:	
Telephone:		Fax:	
(Include country and city codes if o	outside the United Stat	tes and Canada)	
Email:			
Other Contact Address (1) (If different from Company Information	tion or Primary Contac	pt)	
Company:			
Street Address:			
City:			
State/Province:			
Zip/Postal Code:		Country:	
Contact should receive corres ☐ License Renewal/Invoices	spondence related f	to the following (check all tha	
Other Contact (2)			
Salutation (Dr./Mr./Ms.):			
First Name:	Initial:	Last Name:	
Telephone:		Fax:	
(Include country and city codes if o	outside the United Stat	tes and Canada)	
Email:			
Other Contact Address (2) (If different from Company Information	tion or Primary Contac	et)	
Company:			
Street Address:			
City:			
State/Province:			
Zip/Postal Code:		Country:	
Contact should receive corres ☐ License Renewal/Invoices	spondence related to Audit Findings	to the following (check all that Changes to License Rules	
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Part A - Company Data

my company's current license:	
Certification and Signature certify that the information provended reflect the intent of this com	ided and/or requests made in this Part A — Company Data are accurate pany or licensee.
Print Name of Authorized Officer	or Designated Individual
Signature	Date



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