

Diesel Exhaust Fluid Certification License Application

Part A – Company Data

Company Information

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.

Company: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Website: _____

Primary Contact

(Any employee of the company may be listed as the contact person)

Salutation (Dr./Mr./Ms.): _____

First Name: _____

Initial: _____

Last Name: _____

Telephone: _____

Fax: _____

(Include country and city codes if outside the United States and Canada)

Email: _____

Primary Contact Address

(If different from Company Information above)

Company: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Contact should receive correspondence related to the following (check all that apply):

☐ License Renewal/Invoices ☐ Audit Findings ☐ Changes to License Rules ☐ Formulation Questions

CONTINUED >>



API Diesel Exhaust Fluid Certification Program

1220 L Street, NW
Washington, DC 20005-4070
USA

Phone: 202-682-8516
Fax: 202-962-4739
Email: apidef@api.org
Web: www.apidef.org



AMERICAN
PETROLEUM
INSTITUTE

TRAINING AND
CERTIFICATION
PROGRAMS



Diesel Exhaust Fluid Certification License Application

Part A – Company Data

Other Contact (1)

Salutation (Dr./Mr./Ms.):

First Name:

Initial:

Last Name:

Telephone:

Fax:

(Include country and city codes if outside the United States and Canada)

Email:

Other Contact Address (1)

(If different from Company Information or Primary Contact)

Company:

Street Address:

City:

State/Province:

Zip/Postal Code:

Country:

Contact should receive correspondence related to the following (check all that apply):

☐ License Renewal/Invoices ☐ Audit Findings ☐ Changes to License Rules ☐ Formulation Questions

Other Contact (2)

Salutation (Dr./Mr./Ms.):

First Name:

Initial:

Last Name:

Telephone:

Fax:

(Include country and city codes if outside the United States and Canada)

Email:

Other Contact Address (2)

(If different from Company Information or Primary Contact)

Company:

Street Address:

City:

State/Province:

Zip/Postal Code:

Country:

Contact should receive correspondence related to the following (check all that apply):

☐ License Renewal/Invoices ☐ Audit Findings ☐ Changes to License Rules ☐ Formulation Questions

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