

MULTIPLE LISTING REQUEST FORM

UL LLC
UNDERWRITERS LABORATORIES CANADA INC

I. FILE INFORMATION

Email to: cec.cn@cn.ul.com

Applicant (Supplier) Company Name:	_____	ML Company Name:	_____
Address:	_____ _____	Address:	_____ _____
Applicant File Number:	_____	ML File Number:	_____
CCN:	_____		
A.	Is Applicant's model(s) currently certified by UL?	<input type="checkbox"/> Yes	If NO , the ML request will not be processed in it's entirety until the models are UL certified.
B.	US UL Certification requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Complementary CCN(s) requested: _____
C.	Canadian-UL Certification requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
D.	Complementary CCNs requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
E.	ULC* (UL Canada) Certification requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____

NOTE: If ML proposes to use a trade name/trademark on the company's products in lieu of the company name, see attached Trade Name/Trademark Information Sheet or call or fax the ML Handler at the UL office indicated above.

II CORRELATION OF MODEL DESIGNATION

APPLICANT MODELS	APPLICANT REPORT DATE or VOLUME/SECTION	ML MODELS	NOTE DIFFERENCES BETWEEN PRODUCTS (OTHER THAN COSMETIC)

(If additional space is needed, please provide an attachment.)

III. LITERATURE AND LABEL REQUIREMENTS:

Requirements applicable to the Applicant's Product Literature will also apply to the Multiple Listee's Product Literature. Please check ONE of the following:

- ☐ Literature **will not** be packaged with the product.
- ☐ Literature **will** be packaged with the ML product and is **identical** to the Applicant's except for cosmetic details.
- ☐ Literature **will** be packaged with the ML product, and it is **not identical** to the Applicant's.

(Please submit a copy of the ML's Use and Care booklets and/or Installation or Safety Instructions with this form for Engineering review.

For those product categories that involve product labels, please also submit a copy of the product label for UL Engineering review).

Note: Engineering may consider a review of ML label or literature review (unless no literature is packaged with the ML's product) necessary regardless of what is marked in section 3. If a review is deemed necessary, a ML Handler may contact you.

IV. MAILING AND BILLING

Applicant Mailing Information:	Multiple Listing Mailing Information:
Contact Name: _____	Contact Name: _____
Contact E-mail: _____	Contact E-mail: _____

ML Invoicing:

Invoicing of Multiple Listing Fees, including the **Annual Fee and the Initial Set Up Fee, defaults to the Multiple Listee company.** To change the default billing for a specific ML relationship, please check the box below and a ML Handler will contact you directly for specific details.

- ☐ I would like to change the default company for the Multiple Listing invoicing. Please contact me for specific information.

多重列名申请表（仅供参考）

UL LLC
UNDERWRITERS LABORATORIES' OF CANADA

UI. 档案信息

Email to: cec.cn@cn.ul.com

申请（供应商）公司名称	_____	多重列名公司名称	_____
地址:	_____	地址:	_____
申请（供应商）公司档案号码	_____	多重列名公司档案号码	_____
产品类别编码（CCN）:	_____		
A.	申请人型号目前是否已获 UL 认证?	<input type="checkbox"/> Yes	选择 No，除非申请公司型号已通过认证，否则无法进行申请。
B.	UL 认证型号申请列名?	<input type="checkbox"/> Yes	<input type="checkbox"/> No 申请附加产品类别编码
C.	CUL 认证型号申请列名?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
D.	附加的产品类别编码（CCN）?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
E.	UL 加拿大证书（ULC）申请列名? 四位 类别编码后加 C，Z	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____

注：若多重列名型号需要附带标识（Trademark/name）以替代公司名称，须另行提供标识申请至当地 UL 客户服务专员。

II CORRELATION OF MODEL DESIGNATION

(申请公司型号)	型号在报告中的生效日期 或所在的卷宗/章节号码	多重列名型号	双方型号不同点 (产品表面差异除外)

（若列名型号数量较多，行数不够，请另附 Excel 或 Word 文档型号列表。）

III. 说明书及标签:

对于申请人型号说明书的要求，同样适用于多重列名型号，请根据下列选择其一：

- ☐ 产品不附带说明书；
- ☐ 多重列名公司将提供与申请公司相同的产品说明书(型号外观不同除外)；
- ☐ 多重列名公司将提供与申请人型号不同的产品说明书；
- (请提供多重列名产品使用手册/安装说明，注意事项等，，对涉及标签的产品类别,请同时提交相关标签资料供 UL 工程部审核).

注：除非产品不附加说明书，否则，无论第三项如何选择，多重列名型号说明书或标签都有可能要求进行工程审核，具体可联系本案 UL 客户服务专员。

IV. 邮寄及付款

申请公司联系方式:

联系人姓名: _____

联系人电子信箱: _____

多重列名公司联系方式:

联系人姓名: _____

联系人电子信箱: _____

多重列名付款事项:

多重列名档案年费（AMF）及设立费（Set-up Fee）将默认由多重列名公司支付，若由其他单位付款，请勾选以下选项，并同时提供付款方的详尽公司信息，本案 UL 客户服务专员将与您作进一步确认。

- ☐ 我们不默认多重列名公司作为付款方，费用将由其他单位支付。

ML FILE/MODEL WITHDRAW LETTER

多重列名档案/型号取消申请信

Applicant（申请公司名称）_____，

Multiple Listee（多重列名公司名称）_____，

Basic File（基本档案）_____，

ML File（多重列名档案）_____。

Now we would like to(现申请)（请勾选适合的选项）：

1.Terminate ML relationship（终止多重列名关系）

2. Delete ML file（取消多重列名档案）

3. Delete ML Model（取消多重列名的某些产品型号）_____，

Contact person/联系人（中文姓名）：	
Contact phone number/联系电话：	
Contact fax number/联系传真：	
Company Email Address/公司域名的电子邮件：	

特别注意：

如果是申请公司提交申请，请同时抄送或知会多重列名公司。并且只能申请 1 终止多重列名关系或 3 取消多重列名的某些产品型号；

如果是多重列名公司提交申请，请同时抄送或知会申请公司。如果该多重列名档案只有一个多重列名关系的话，一旦选择 1 终止多重列名关系，则整本多重列名档案也将被取消。

The requester represents and warrants that he/she is authorized to execute the request on behalf of the customer.