**RELEASE FORM** – Please complete and return the below form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Return to:** | UL LLC2600 N.W. Lake Road, Camas, WA 98607-9526 | **Email:** | cs.kr@kr.ul.com |
|  |  |
| **Date:** |       | **Service Request #:** | n/a |
| **RELEASE FORM** |
|       | releases all rights, interests, and responsibility in |
| (Current Applicant) |  |  |  |
| **FILE** | **VOLUME** | **SECTION** | **PRODUCT** |
| (Note the File Numbers) | (Note Specific Volumes or indicate “All Active and/or Withdrawn Volumes.”) | (Note Specific Sections or indicate “All Active and/or Withdrawn Sections.”) | (Note Specific Products or indicate “All Currently Certified and/or Withdrawn products.”) |
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|  |  |  |  |
|  |  |
| In favor of |       |
|  | (New Applicant) |

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|       |
| (Signature of Authorized Official)\* |
|       |
| (Name – Please Print or Type) |
|       |
| (Title of Authorized Official – Please Print or Type) |

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|       |  |       |  |       |
| (Phone Number) |  | (Email Address – Please Print of Type) |  | Fax Number |

\*The signatory represents and warrants that he/she is authorized to execute the release on behalf of the Applicant.

**ACCEPTANCE FORM** – Please complete and return the below form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Return to:** | UL LLC2600 N.W. Lake Road, Camas, WA 98607-9526 | **Email:** | cs.kr@kr.ul.com |
| **Date:** |       | **Service Request #:** | n/a |
| **ACCEPTANCE FORM** |
|       | accepts all rights, interests, and responsibility in File(s) |
| (New Applicant) |  |  |  |  |
| **FILE** | **VOLUME** | **SECTION** | **PRODUCT** |
| (Note the File Numbers) | (Note Specific Volumes or indicate “All Active and/or Withdrawn Volumes.”) | (Note Specific Sections or indicate “All Active and/or Withdrawn Sections.”) | (Note Specific Products or indicate “All Currently Certified and/or Withdrawn Products.”) |
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| and requests the establishment of Listing, Classification, or Recognition (as applicable) and Follow-Up |
|  |  |
| Service in our name using the results of investigations undertaken for |       |
|  |  |  | (Current Applicant) |
| **The transferred information should be added to our records as follows:** |
| **FILE**\* | **VOLUME**  |
| (Note the File number to receive the information. \*A new File will be created if you do not have a File in the same category as information being received.) | (Note the Volume number to receive the information or note New if a new volume should be created.) |
|  |  |
|  |  |
| **Our company name and address should appear in UL’s records as:** |  |
| Applicant: (This is the company that controls the file(s) and is responsible for them.) | **Name and Address:** |       |
|  |       |
|  |       |
| **Contact Name:** |       |  | **Email:** |       |
| **Contact Phone Number:** |       |  |  |  |
|  |  |
| Listee: (This is the company name and address you want to appear in UL Directories) | **Name and Address:** |       |
|  |       |
|  |       |
| **Contact Name:** |       |  | **Email:** |       |
| **Contact Phone Number:** |       |  |  |  |
|  |  |
| Manufacturer(s): (If you have more than one mfg location, please attach additional sheets | **Name and Address:** |       |
|  |       |
|  |       |
| **Contact Name:** |       |  | **Email:** |       |
| **Contact Phone Number:** |       |  |  |  |
|       |  |       |  |
| (Signature of Authorized Official)\* |  | (Name – Please Print or Type) |  |
|       |  |  |  |
| (Title of Authorized Official – Please Print or Type) |  |
|       |  |       |  |       |
| (Phone Number) | (Email Address – Please Print or Type) | Fax Number |

\*The signatory represents and warrants that he/she is authorized to execute the acceptance on behalf of the Applicant.

**Additional Manufacturer Location Changes**

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| **Name and Address:** |  | **File Number** |  | **Volume** |
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| **Contact Name:** |  | **Email :** |
| **Contact Phone Number:** |  |  |

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| **Name and Address:** |  | **File Number** |  | **Volume** |
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| **Contact Name:** |  | **Email :** |
| **Contact Phone Number:** |  |  |

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| **Name and Address:** |  | **File Number** |  | **Volume** |
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| **Contact Name:** |  | **Email :** |
| **Contact Phone Number:** |  |  |

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| **Name and Address:** |  | **File Number** |  | **Volume** |
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| **Contact Name:** |  | **Email :** |
| **Contact Phone Number:** |  |  |

**TRADEMARK/TRADE NAME FORM**

If you are planning to use a trade name or trademark on your company product(s) in lieu of or in addition to your company name and have it appear in our published records, an authorized officer of your company shall sign this form, verifying ownership of the trade name or trademark. The trade name or trademark will be added the UL FUS Procedure (required) and UL’s Online Certification Directory (unless specifically requested to be omitted). If a trademark is to be used, a black and white .pdf, .jpg or .tif image or drawing of the trademark is also required.

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| TRADEMARK / TRADE NAME FORM |
|  |  |
| We, , are the owner or have the right to use the following trademark |
|  |  |
|  |  |
| (insert image, quote or otherwise describe trademark or trade name) |
|  |
| and wish to have the option of using either this mark or our full company name on products that are Certified under the product category for  |
|  |  |
|  |
| (Insert CCN or Product Category from Online Certifications Directory in which Applicant’s model is Listed, Recognized Or Classified) |
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| To the best of our knowledge and belief, no other person, firm, corporation, or association, other than those duly authorized by us, has the right to use the mark on products of the above category.  |
|  |
| It is understood that this mark is to be used for identification of our company in connection with products manufactured as authorized by the Procedure covering the products Listed, Recognized, or Classified for us. |
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|       |
| (Signature of Authorized Official) |
|       |
| (Printed or Typed Name and Title of Authorized Official) |