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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Return to:** | | | UL LLC  2600 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| (Note the File Numbers) | | | | (Note Specific Volumes or indicate “All Active and/or Withdrawn Volumes.”) | | (Note Specific Sections or indicate “All Active and/or Withdrawn Sections.”) | | | | | (Note Specific Products or indicate “All Currently Certified and/or Withdrawn products.”)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) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (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.