

**CLIENT CONTACT INFORMATION FORM**

Please fill in the name, email and phone number of who should be contacted for the following options. Once this form is complete please deliver back to OMNI-Test Laboratories, Inc. by mail, email, or fax listed at the bottom of the form. If you need additional room, please make copies as needed.

Thank You

**COMPANY INFORMATION** (Company's Legal name as reported on IRS Form W-9) and the (Brand name(s) to be reflected on the OMNI listing directory and/or reports)

|  |  |
| --- | --- |
| Company’s Legal Name |       |
| Brand Name(s) (if same as Legal - write "same")  |       |
| Phone & Fax |       |       |
| Address |       |
| Days and Hours of Operation |       |
| Name of Authorized Individual completing this form and Date |       |

**MAIN POINT OF CONTACT**

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Address |       |
| Email |       |

**FULL NAMES OF AUTHORIZED SIGNATORIES FOR CONTRACTUAL PURPOSES**

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| --- |
|       |
|       |
|       |
|       |

**BILLING CONTACT**  [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Address |       |
| Email |       |
| Federal Tax ID - [ ]  check if W-9 completed |       |

**ENGINEERING CONTACT** [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Email |       |

**SAFETY COMPLIANCE/QA MANAGER CONTACT** [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Email |       |

**MANUAL CONTACT** [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Email |       |

**LABEL AND PRINTING SERVICE CONTACT** [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Email |       |
| Print In-house | YES [ ]  NO [ ] *(If No, please fill in the printers information below)* |
| Printers Information | Company |       |
| Name |       |
| Phone |       |
| Email |       |

**MAIN INSPECTION CONTACT** [ ]  Please check if same as main contact

|  |  |
| --- | --- |
| Name |       |
| Phone & Fax |       |       |
| Email |       |

**CONNECTED COMPANIES**

Please explain any connections that you may have with other companies in the heating industry in relation to your OMNI-listed products. Please copy more tables if you are connected to more companies. Examples include acquisitions, transfer of ownership, change in company name, alternate/additional manufacturing facilities (final assembly only), etc.

|  |  |
| --- | --- |
| Company |       |
| Contact Name |       |
| Phone & Fax |       |  |
| Email |       |
| Explain Relationship |       |
| Multiple Listee? | YES [ ]  NO [ ] *(If yes, please fill in Multiple Listee information below)* |

**MULTIPLE LISTEE**

Multiple Listees can be any number of other entities, in addition to the original owner of the product listing (or “basic listee”), whose names are entered into the Listing Directory and are on the product. An example of this concept would be when a manufacturer sells a single product under multiple company/brand names.

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| --- | --- |
| Company |       |
| Contact Name |       |
| Phone & Fax |       |  |
| Email |       |
| OMNI Report # or Listing # & Models affected by multiple listee |       |       |
|       |       |
|       |       |
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**MANUFACTURING LOCATIONS**

Please list all FULLY ASSEMBLED product manufacturing locations. Copy and paste more tables to indicate more manufacturing locations if needed.

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| --- | --- |
| Company |       |
| Contact Name |       |
| Phone & Fax |       |       |
| Email |       |
| Address |       |
| Days and Hours of Operation |       |
| Peak months of production |       |
| OMNI Report # or Listing # & Models fully assembled at this location |       |       |
|       |       |
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| Company |       |
| Contact Name |       |
| Phone & Fax |       |       |
| Email |       |
| Address |       |
| Days and Hours of Operation |       |
| Peak months of production |       |
| OMNI Report # or Listing # & Models fully assembled at this location |       |       |
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| Address |       |
| Days and Hours of Operation |       |
| Peak months of production |       |
| OMNI Report # or Listing # & Models fully assembled at this location |       |       |
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| Address |       |
| Days and Hours of Operation |       |
| Peak months of production |       |
| OMNI Report # or Listing # & Models fully assembled at this location |       |       |
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**DISTRIBUTION CENTERS/DEALERS**

To be as cost effective as possible when inspecting your product, please list any Washington/Oregon state distribution centers/dealers you use. If you do not have any Washington/Oregon based distribution centers/dealers, please list others in the United States. *(OMNI’s location in Portland is in close proximity to several distribution centers and provides ease of access for the required product inspections under the certification program)*

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| --- | --- |
| Company |       |
| Contact Name |       |
| Phone & Fax |       |       |
| Email |       |
| Address |       |
| Days and Hours of Operation |       |
| OMNI Report # or Listing # & Models fully distributed at this location |       |       |
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| Company |       |
| Contact Name |       |
| Phone & Fax |       |       |
| Email |       |
| Address |       |
| Days and Hours of Operation |       |
| OMNI Report # or Listing # & Models fully distributed at this location |       |       |
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OMNI-Test Laboratories, Inc.

Product Testing & Certification

[www.omni-test.com](http://www.omni-test.com)



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