

Statement of Applicant's Qualifications to Use the NLGI Certification Mark

The information requested below must accompany all applications to use the **NLGI Certification Mark**. Applications will be rejected if the information supplied so warrants. The information pertains to the product(s) included on the application as listed below:

	Category	Performance
Brand Name(s) and NLGI Consistency Number(s)	Group ¹	Classification ²

¹Per latest revision of ASTM D 4950 Sections 3.1.5 to 3.1.7 (Indicate G: Wheel Bearing; L: Chassis; or G & L)

²Per latest revision of ASTM D 4950 Article 4 in accordance with the latest rules of NLGI, including any amendments or modifications that may hereafter be adopted. (Indicate GC, LB, or GC/LB)

1. Name of Applicant: _____

2. Address of principal office: _____

3. Is the Applicant thoroughly familiar with all stipulations given in the NLGI/ASTM Classification and Specification for Automotive Service Greases covering this material? Yes _____ No _____

4. Does the Applicant also manufacture the greases in question? Yes _____ No _____

5. Whether or not the Applicant manufactures the greases in question, is it understood that the Applicant is responsible for the product's representation? Yes _____ No _____

6. Does Applicant have on file evidence that the greases in question meet all applicable standards and performance requirements for the highest performance classification as set forth in the latest revision of ASTM D 4950, in each NLGI consistency number listed? Yes _____ No _____

7. Name and address of Applicant's representative to whom NLGI correspondence should be directed:

_____ Phone: _____ FAX: _____

Date: _____

(Name of Organization, Company or Individual)

(Signature and Title of Authorized Officer)

(The above statement to be signed in the name of the Applicant by an authorized officer.)