



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:

Brand Name(s) and NLGI Consistency Number(s)	Category Group ¹	Performance 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)
³As of January 2024, D4170 test data is optional. After ASTM approves the D4710 revisions, D4170 test data will be required.

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
 - a. If Yes, proceed to question 5. If No, do you have an agreement with the supplier(s) of the product(s) that if formulation changes, you will be notified and understand the product(s) will need to be recertified with NLGI? 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

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

Organization, Company or Individual: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

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