MULTIPLE LISTING REQUEST FORM



I. FILE INFORMATION					Liliali to: illis@di.com
Applicant (Supplier) Company Name:		ML Company	y Name:		
Address:		Address:			
Applicant File Number:		ML File Number:			
CCN:					
A. Is Applicant's model(s) currently certified by UL?		Yes	If NO , the ML the models are		t be processed in it's entirety until
B. US UL Certification requested?		Yes	□ No (Complementary	CCN(s) requested:
C. Canadian-UL Certification requested?		Yes	☐ No		
D Complementary CCNs requested?		Yes	☐ No		
E. ULC* (UL Canada) Certification requested?		Yes	☐ No		
NOTE: If ML proposes to use a trade name/ Information Sheet or call or fax the ML Hand			f the company na	ıme, see attach	ed Trade Name/Trademark
II CORRELATION OF MODEL DESIGNATION)N				
APPLICANT MODELS	APPLICANT REPORT DATE or VOLUME/SECTION	ML MODELS			E DIFFERENCES BETWEEN PRODUCTS OTHER THAN COSMETIC)
	(If additional space is needed	l nlease provid	e an attachment	<u> </u>	
III. LITERATURE AND LABEL REQUIREME	•	, picase provid	e an attachment.	,	
Requirements applicable to the Applicant's Pr	oduct Literature will also apply	to the Multiple	Listee's Product	Literature. Plea	ase check ONE of the following:
Literature will not be packaged with	the product.				
Literature will be packaged with the	•		-	etic details.	
Literature will be packaged with the	·				
(Please submit a copy of the ML's Us			•		0 0
For those product categories that inv			•	_	- · ·
Note: Engineering may consider a review of I what is marked in section 3. If a review is dec				th the ML's pro	duct) necessary regardless of
IV. MAILING AND BILLING					
Applicant Mailing Information:	Multiple	Multiple Listing Mailing Information:			
Contact Name:		Conta	act Name:		
Contact E-mail:		Conta	act E-mail:		
ML Invoicing:					
Invoicing of Multiple Listing Fees, including the default billing for a specific ML relationship					
I would like to change the default comp	•		,		