



DEVELOPMENT SERVICES DEPARTMENT
401 Clematis St.
West Palm Beach, FL 33401
Telephone: 561/805-6700
Fax: 561/805-6676

Application for Site Specific / Local Product Approval (circle one)

Address of Job: (Required) _____ Building Permit # (if known) _____

1. Application for Approval by Method 1 / Method 2 (circle one) for the following category of product:

2. Name of Applicant (Company) _____

3. Mailing Address _____

4. Telephone No. (_____) _____ Fax No. (_____) _____

5. E-Mail Address _____

6. Name and title of applicant's technical representative (if any)

Address (if different from address of applicant)

Telephone No. (_____) _____ Fax No. (_____) _____

E-Mail Address _____

Florida Professional Registration Number (if any) _____

Florida Professional Firm Registration Number (if any) _____

7. Name of approved third party quality assurance entity (Listed by the State of Florida)

Address _____

Telephone No. (_____) _____ Fax No. (_____) _____

E-Mail Address _____

Name of authorized representative _____

Florida Professional Registration Number (if any) _____

Florida Professional Firm Registration Number (if any) _____

8. Provide the following information on a separate sheet:

- Product name and model number (if any)
- Name, address, reports, and applicable report numbers of: (Listed by the State of Florida)
 - Testing entity
 - Evaluation entity
 - Certification entity
 - Quality Assurance Agencies

List of requirements the product complies with including Code section numbers and reference standards

List of limitations on product's compliance and use

Installation instructions for the product

9. Other information

Give any other information that may be of assistance to the local jurisdiction in considering this application.
(Attach a separate sheet, if needed.)

10. Name and title of person authorized to sign on behalf of applicant

Signature _____

Date: _____

CHECK LIST ON REVERSE



Form No.: 9B-72.130(5)
August 2003

Florida Building Commission
Validation Checklist For Local Product Approval
By Method 1 or 2

- 1. Verify the submission and completeness of product approval application form.
- 2. Verify the method of demonstrating compliance is from an entity approved by the Florida Building Commission.
- 3. Verify submission of the evaluator's certification of independence. Note: Evaluator may be a test lab, certification agency, evaluation entity or Florida Registered Architect or Florida Professional Engineer which produced the test report, certification listing or evaluation report required by Rule 9B-72.040(5).
- 4. Verify the method of demonstrating compliance is current and has not been suspended, recalled or revoked.
- 5. Verify the product has not been recalled or revoked by the Florida Building Commission.
- 6. Verify the Code sections and reference standards for which the evaluation demonstrates compliance.
- 7. Verify the method of demonstrating compliance indicates any limitations on the use of the product, as intended.
- 8. Verify manufacturer's installation instructions are provided, if required.
- 9. Verify that a quality assurance program audited by a Florida Building Commission approved third party quality assurance agency is in place.