

Appendix 3a Application Form - Product Manufacturer

To apply to use the Antimicrobial Copper brand and Cu+ mark, this form should be completed after studying the Conditions of Use and talking to your local Copper Centre representative. Successful applicants will receive a Trademark License Agreement document for completion.

Company

Legal name of entity:

'Doing business as' or Trading Name:

Form of organisation:

Jurisdiction of organisation:

Type of business:

Parent Company/Group (if applicable):

Registered address:

Country:

Website:

Company Registration Number:

Please confirm you have a project traceability system allowing you to verify your material sources I confirm

Do you have a written Quality Management System? Yes No Details (ISO 9001, general)

Do you have Public Liability Insurance? Yes No

Contact for Brand Management

Name:

Job Title:

Address (if different from above):

Telephone:

Email:

Contact for Admin (if different)

Name:

Job Title:

Address:

Email:

Contact to appear on website directory listing on www.antimicrobialcopper.org

Name:

Email:

Website link for directory listing (preferably link to your Antimicrobial Copper section):

Product description (max 100 words).
On approval you will be contacted for more detailed information and images for your listing.

Product categories - select those applicable and add any more if needed:

<input type="checkbox"/> Architectural Hardware	<input type="checkbox"/> Ward Furniture
<input type="checkbox"/> Sanitary Fittings	<input type="checkbox"/> Electrical Switches
<input type="checkbox"/> Medical Equipment	<input type="checkbox"/> Other (please specify)

Product Standard (list for each product):

Alloys (List UNS/ISO Designations)

EPA Registered Alloy(s) [or national equivalent - See Appendices 1 and 1a]:

Appendix 2 Listed Alloy(s):

Other (Evidence of efficacy will be required - contact your local Copper Centre for more information):

Surface Finish

Please confirm that all high temperature oxides, other additives or polishing residues have been removed and that products are not waxed, lacquered or coated:

I confirm

Markets

Please select those which apply:

- Medical and Healthcare
- Schools and Public Buildings
- Public Transport
- Food and Hospitality (dry food contact only)
- Sports Facilities
- Other (please specify)

Locations

Please select all regions where products will be marketed/sold, noting that for marketing in US or Canada regulatory registration is a prerequisite.

- Africa and Middle East
- Asia and the Pacific
- Canada
- Europe
- South America
- United States

Please return this form electronically and by post, to your local Copper Centre.

I confirm that I have read the Conditions of Use document.

I confirm the information provided is accurate and that I am authorised to sign this form.

Signed:

Name:

Position:

Date:

Print to pdf to generate electronic copy.