



CKCA Certification Testing Program Registration Form

Please complete Part A of the form below and fax to the CKCA Certification Testing Program office. Once registered and approved, you will be contacted on how to submit the testing samples as well as given a copy of the latest CKCA Certification Construction and Material Testing Standard for Kitchen Cabinets and Vanities. Please attach a completed copy of this form with the submitted test samples. Only Supporting Documentation is to be submitted for Annual Re-certification.

CKCA CERTIFICATION TESTING PROGRAM REGISTRATION			
SECTION A (Please complete and fax and mail to CKCA Certification Program office)			
If this is an Annual Re-certification Please Check Box			<input type="checkbox"/>
Name of Company (Please print)		Date (mm/dd/yyyy)	
Address		Unit	
City	Province/State	Postal/Zip Code	
Telephone ()	Country	Company Size (No. of employees)	
Fax ()	Type of products (e.g. kitchens, cabinets, vanities, doors, moldings , etc.)		
Web site (if applicable)		E-mail (if applicable)	
Name of Contact Person		Telephone (if different from above) ()	
Title		Fax (if different from above) ()	
E-mail (if applicable)		Cellular (if applicable) ()	
<p>As a representative of my organization, I, the undersigned, hereby declare that the test samples that are being submitted will adhere to the submission guidelines as required by the CKCA Certification Testing Program Guidelines. I attest that the samples are representative of our typical production and product lines. I understand that if certification is achieved, I cannot change the construction or materials of the product certified. I acknowledge that the CKCA Certification Program is not intended to be used to measure or certify safety requirements for kitchen cabinet and vanities. I also understand that the CKCA is not liable for any actions, suit or proceedings brought against my organization and that we will not hold the CKCA, it's Board of Directors, membership or committees liable for any such actions brought against the CKCA Certification Testing Program and its proprietary trademarks or logos.</p>			
Signature of Contact Person		X	
SECTION B - Checklist for Submission of Test Samples			
Please review and ensure that all of the following are complete prior to submitting samples for test.			
Required Samples			
1 unit - 36" Lower kitchen cabinet unit with 2 drawers and 2 doors		<input type="checkbox"/>	
1 unit - 36" Lower vanity unit with at least 1 drawer and 1 door		<input type="checkbox"/>	
1 unit - 36" Upper kitchen cabinet and 2 doors		<input type="checkbox"/>	
Date Stamp of Manufacture			
Please indicate here (mm/dd/yyyy) ____/____/____ or stamp on test sample		<input type="checkbox"/>	
Supporting Documentation Attached (This is only requirement for Annual Re-certification)		<input type="checkbox"/>	
Samples Properly Packaged according to requirements of CKCA Standard		<input type="checkbox"/>	
Additional Doors for Testing (optional)			
2 doors - Cabinet doors of each finish		<input type="checkbox"/>	
Please fax and mail completed registration to: CKCA Certification Testing Program Canadian Kitchen Cabinet Association, 130 Albert Street, Ottawa, ON, K1P 5G4, Tel: 613-567-9171, Fax: 613-567-4664			