



TESTING & CERTIFICATION PROGRAM PRODUCT DESCRIPTION FORM

Company: _____

Contact name: _____ Title: _____

Address: _____

City: _____ Prov: _____ Postal code: _____

Mailing Address:

CKCA Certification Testing Program, Canadian Kitchen Cabinet Association
3781 Strandherd Drive, P.O. Box 34018, Nepean, ON K2J 5B1

Email: info@ckca.ca

CASE STYLE Frameless Face frame Other _____

CONSTRUCTION TYPE Dowel construction Blind dado Screwed conection Nailing strip
 Knock down hardware connectors Other _____

CASE MATERIAL

Size: 3/4" 5/8"

Core : Particle board/MDF
 Plywood

Surface: Lacquered Veneer Melamine / TFL
 Foil Paper
 Other _____

BASE CABINET TOP/SPREADER RAIL Particle board / MDF Solid wood / Plywood Other _____

BACKS 5/8" board 3/8" board 1/8" board with nailer strip 3/4" board Other _____

DRAWER BOXES Please check all that apply.

Particle Board/MDF Doweled
 Nailed

Solidwood/Plywood Dovetailed
 Doweled

Other Drawer system
 Drawer system
 Drawer system

Slide system / Manufacturer / Tradename / Model

DOORS / DRAWERFRONTS / FRONTS Please specify estimated % on annual revenues.

_____% Solidwood
 (5-piece, mitre, solidwood panel, veneer panel)

_____% Solid wood-painted

_____% MDF-painted

_____% Thermofoil doors

_____% Veneered slabdoors

_____% Melamine / TFL

_____% High pressure laminate doors

_____% Metal / glass doors

_____% Other _____

HINGES Hinges for special applications do not have to be listed.

Type	Manufacturer / Tradename / Model
_____	_____
_____	_____
_____	_____

FINISHING MATERIAL

Type / Manufacturer

<input type="checkbox"/> Clear coat build-up	<input type="checkbox"/> Sealer	_____
	<input type="checkbox"/> Top coat	_____
	<input type="checkbox"/> _____	_____
<hr/>		
<input type="checkbox"/> Pigmented coat build-up	<input type="checkbox"/> Primer 1	_____
	<input type="checkbox"/> Primer 2	_____
	<input type="checkbox"/> Top coat 1	_____
	<input type="checkbox"/> Top coat 2	_____
	<input type="checkbox"/> _____	_____
<hr/>		
<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	_____
	<input type="checkbox"/> _____	_____
	<input type="checkbox"/> _____	_____

CONFIRMATION

- I am certifying for the first time.
- The product is currently produced with no reportable changes (annual renewals only).
- The product is currently produced with changes as noted above (annual renewals only).

The product description above is a true reflection of the current manufacturing and design specification of the product(s) applied for certification.

Date	Company	Name (printed)	Signature
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FOR OFFICE USE ONLY

This product description is accepted by CKCA.

Date	Company	Name (printed)	Signature
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- No action required at this time.

Further action is required:

- Substantial changes to the product require partial /complete retesting.
- The product testing has expired and retesting has to be initiated.

Action:

