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INTRODUCTION

As part of ISTA’s insulated shipper qualification process for certification there is a requirement that testing facilities submit a laboratory application document every year. This document is a requirement of the audit application.

APPLICATION

Date of Application:

Standard 14 (STD-0014)

Certification Application (Initial (Year 1))

Certification Renewal (Annual (Year 2))

Certification Renewal (Annual (Year 3))

Certification Renewal (For Cause*)

Cause Detail:

Re-Certification I (Expired)

***For Cause: Refer to Standard 14 section 4.2 for specific reasons why a For Cause re-certification would be required.**

Date Certification Granted:

Date Certification Granted:

Date Certification Granted:

Date Certification Expired:

Please complete the following information for *all* submissions, including re-certification.

Contact Information:

Company Name:

Contact Name:

Company Telephone:

Contact Telephone:

Contact Email:

Company Address:


City:

State:

Zip Code:

Country:

ISTA Member Number (*required*): ST-

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Laboratory Location and Contact:

Laboratory Name:

Contact Name:

Contact Telephone:

Contact Email:

Laboratory Address:

City:

State:

Zip Code:

Country:

ISTA Member Number (*required*): ST-

Statement of Requirements:

Standard 20 (*required*):

ISTA 7E (*required*):

By checking the above boxes, you are stating that you have acquired both ISTA items by direct purchase from ISTA. (*ISTA verified*)

DOCUMENT HISTORY

Change	Justification
NEW	Application Form for Thermal Transport Laboratory Certification Audit

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