



Registration Form for Participating Agencies

ICC-ES® PMG™ Program

Please provide the following information about your testing agency:

Testing Agency Name: _____

Street Address: _____

City, State, Postal Code: _____

Country (if other than USA): _____

Telephone Number: _____

Fax: _____

Web Address: _____

Email Address: _____

Name and Title of Contact Person: _____

Phone Number for Contact Person: _____

Email Address for Contact Person: _____

Please provide your agency's IAS TL #: _____

Please indicate your laboratory's testing capabilities as they relate to plumbing, mechanical and fuel-gas products. Specifically, please provide a list of testing standards for which your laboratory has been accredited by the International Accreditation Service. Use additional sheets as necessary. Once completed, please submit the registration form by e-mail, fax, or regular mail to:

Juan Zaragoza
Client Services Manager
ICC Evaluation Service, Inc.
5360 Workman Mill Road
Whittier, California 90601

Phone: 562-699-0543, ext. 3447

Fax: 562-695-4694

Email: jzaragoza@icc-es.org