



Registration Form for Participating Agencies

Testing to ICC-ES® SAVE™ Program Evaluation Guidelines

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 review the following SAVE™ Program Evaluation Guidelines, which may be downloaded from the Web (<http://saveprogram.icc-es.org/guidelines/>), and indicate the guideline(s) under which your agency can provide testing. If your agency can provide testing to only specific tests in the guidelines please identify those tests on a separate page.

EG102	EG103	EG105	EG106	EG107	EG108
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Once completed, please submit this registration form by email, 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