



# Standards Development Application Form

(NOT an application for product listing)

Return to: [standards@iapmostandards.org](mailto:standards@iapmostandards.org)

Standard Designation (i.e., number): \_\_\_\_\_ Action: New Standard  Revision to Existing Standard

Standard Title: \_\_\_\_\_

For Presentation to the Standards Review Committee on (Month): \_\_\_\_\_

Proponent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Representative Name (if different from Proponent): \_\_\_\_\_

Representative's E-mail Address (if different from Proponent): \_\_\_\_\_

Scope (for new standards only): \_\_\_\_\_

Reason for Change or for Developing New Standard: \_\_\_\_\_

Summary of Changes (for revisions only): \_\_\_\_\_

Patents: Does the proposed standard contain any patented items or activities? (Yes/No) \_\_\_\_\_

If Yes, identify the patented item or activity: \_\_\_\_\_

Intent: U.S. only  U.S. and Canada (additional fees apply)

Basic Fees: New Standard (for the U.S. only): \$5,500 \_\_\_\_\_

Revision to Existing Standard \*: \$2,750 \_\_\_\_\_

Additional Fees: Standard for the U.S. and Canada: \$2,750 \_\_\_\_\_

Expedited Service (ES) Fee for New Standard \*\*: \$5,500 \_\_\_\_\_

ES Fee for Revision to Existing Standard \*\*: \$2,750 \_\_\_\_\_

Reinstatement fee for withdrawn inactive standards: \$2,000 \_\_\_\_\_

Total Amount Due (sum of fees checked): \$ \_\_\_\_\_

\* Where the SRC determines that a revision is a health and safety issue no fees apply.

\*\* ES fees are in addition to the basic development fees and are applicable to applications made less than two weeks prior to an SRC meeting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Payment info: Check \_\_\_\_\_ (Please send check to: 4755 East Philadelphia Street, Ontario, California, 91761 Attention: Standards Department)

Credit Card \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Type: \_\_\_\_\_  
Card No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Staff use only: Date Received \_\_\_\_\_ Draft Attached \_\_\_\_\_ Fees Paid \_\_\_\_\_  
Agenda Month/Year \_\_\_\_\_ Customer # 17- \_\_\_\_\_ Invoice # \_\_\_\_\_