CALIFORNIA AIR RESOURCES BOARD

Application for Certification of an Indoor Air Cleaning Device

Submit an Application Number Request Form to *aircleaners@arb.ca.gov* before completing this form. **Enter your CARB Application Number here:** _____

CARB may confirm test results with the testing laboratories, and is legally required to provide ozone test results in response to public records requests.
Does this application contain other proprietary information that you do not want released to the public?

Yes ◯ / No ◉

Section A. Contact Information

A.1. Company Applying for Device Certification *(will be issued Executive Order)*

Contact Person First Name: _____ Last Name: _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip: _____

Country: _____

Email: _____ Phone: _____

Website: _____

A.2. Company Where Device Manufactured *(if different from A.1)*

Contact Person First Name: _____ Last Name: _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip: _____

Country: _____

Email: _____ Phone: _____

Website: _____

A.3. Applicant Representative *(if different from A.1)*

Contact Person First Name: _____ Last Name: _____

Organization Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip: _____

Country: _____

Email: _____ Phone: _____

Section B. Air Cleaning Device Information

B.1. Device Details

Provide information about the model to be certified; this information will be listed on *CARB's Certified List webpage*:

Brand Name	Model Number	Model Name

B.2. Air Cleaner Function

Indicate what type of technology is used by the air cleaner:

Mechanical ☐ NCCO ☐ ESP ☐ Ionizer ☐

UV* ☐ PCO ☐ Other: ☐

**Devices that use a UV lamp and are not tested for ozone are required to be tested to UL 223.2, and the lamp spectrum must be provided (see Section E.3.a).*

Describe in a few sentences how the air purifier works, including technologies used:

B.3. Air Cleaner Maintenance

Describe the air cleaner's maintenance requirements; do not reference the owner's / operations manual:

B.4. Model Group

A model group is commonly comprised of devices included in the same electrical safety report.

Is the device to be certified part of a model group that was previously certified?

Yes ◯ / No ◉

If "Yes", provide information about the previously certified air cleaner:

Executive Order or Application Number	Company Issued EO	Brand Name	Model Number	Differences From Model in B.1
EO Number: Application Number:				

B.5. Additional Models to Be Certified

List additional models you wish to add to this model group:

Note: List only one brand name per line; do not include the model listed in Section B.1.

Are there more than 10 additional models? Yes ◯ / No ◉

If yes, attach a list of the additional models on a separate page.

#	Brand Name	Model Number	Model Name	Differences From Model in B.1
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section C. Electrical Safety

To be completed by the applicant.

C.1. Laboratory That Tested Device for Electrical Safety

Testing Organization: _____ Facility ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person First Name: _____ Last Name: _____

Email: _____ Phone: _____

C.2. Electrical Safety Test Conducted

UL 73 ○	UL 507 ◉	UL 1017 ○	UL 1993 ○
UL 153 ○	UL 867 ○	UL 1278 ○	UL 1995 ○
UL 484 ○	UL 998 ○	UL 1598 ○	
UL 499 ○	Other: ○		

Section D. Applicant Signature

Does the applicant agree to sign this form electronically? Yes ◉ / No ○

The electronic signature must have a digital audit trail that includes a time stamp.

If "Yes": With the electronic signature below, I certify that the information provided in this application is true and correct to the best of my knowledge:

Signature & Date: _____

Name: _____Title: _____

If "No": Please print Section D, sign, provide name & title, scan, and submit with this form.

Section E. Checklist of Documents to Submit with this Form

1. Owner's / Operations manual
2. Parts diagram labeled in English
3. Copy of electrical safety report
   a. Copy of UV lamp spectrum, if applicable (see Section B.2)
4. Authorization to Mark (ATM), for devices tested by Intertek
5. Copy of online listing directory from laboratory of Section C.1 showing the device
6. For devices tested for ozone emissions:
   a. Section F below, completed and signed by the laboratory
   b. Chain of custody forms
   c. Ozone test report

Section F. Ozone Emissions

Section F to be completed by the ozone testing laboratory. Applicant should provide the ozone testing laboratory with the entire application.

F.1. Laboratory That Tested Device for Ozone Emissions

Testing Organization: _____ Facility ID: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person First Name: _____ Last Name: _____

Email: _____ Phone: _____

F.2. Ozone Emissions Test Conducted

UL 867 ◯ CSA C22.2, no. 187-20 ◯ UL 2998 ◯

F.3. Units Tested and Device Information

Unit	Manufacture Date	Date Test Completed	Model Name & Number	Serial Number, Manufacture Code, or Lab Sample Number
#1				
#2				

a. Can the device be operated with the fan(s) *not* functioning? Yes ◯ / No ◯
(Note: If "Yes", must test with the fan(s) not functioning)

b. Is the device designed for use with multiple filter technologies? Yes ◯ / No ◯

c. Can the device be operated with the filters removed? Yes ◯ / No ◯

d. Was the device tested with all the filters removed? Yes ◯ / No ◯

e. If "No" to either (c) or (d), briefly explain how the ozone emissions test was conducted in accordance with Sections 40.1.3 – 40.1.5 of UL 867:

f. Did any transitory measurements exceed 0.050 ppm? Yes ◯ / No ◯

F.4. Ozone Test Results

Report ozone test results below as the maximum concentration minus the background concentration. If the device has multiple speeds / output levels, please provide ozone test results for all settings for which the device was tested. Report both C(t) Max ozone measurements if any transient measurements exceeded 0.050ppm, where C(t) Max (5-minute ppm) is defined as the 5-minute average measurement, and C(t) Max (1-minute ppm) is the transient measurement.

Device Setting	Concentration (ppm)	Test Length (hours)	C(t) Max (5-min ppm)	C(t) Max (1-min ppm)

Additional comments:

F.5. Signature of Ozone Testing Laboratory Representative

Does the laboratory representative agree to sign this form electronically? Yes ◉ / No ○

The electronic signature must have a digital audit trail that includes a time stamp.

If "Yes": With the electronic signature below, I certify that the information provided about the ozone test (Section F) is true and correct to the best of my knowledge:

Signature & Date: _____

Name: _____Title: _____

If "No": Please print Section F, sign, provide name & title, scan, and submit with this form.