



TESTING AND CERTIFICATION PROGRAM REGISTRATION FORM

We hereby make application for participation in the Testing and Certification Program of the Canadian Kitchen Cabinet Association. We understand that this is an application for participation in the Testing and Certification Program and not of CKCA Membership. Membership information can be found on our website at CKCA.CA

Accordingly, we agree to manufacture cabinets in accordance with the CKCA Construction and Material Testing Standard for Kitchen Cabinets and Vanities. We agree that our participation will only become effective after the initial successful testing of a wall and base cabinet (see samples required). We agree as a participant to pay all the initial fees for testing, and the annual renewal fee as required by CKCA.

Company: _____

Contact name: _____

Title: _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Telephone: _____

Website: _____

Email: _____

Referred by: _____

Cabinet line(s) to be certified: _____

Disclaimer:

The CKCA "Quality Assured" certification logo may only be used by authorized members of the CKCA who have completed and passed the material and testing requirements of the CKCA Testing and Certification Program. Those unauthorized manufacturers that use the CKCA "Quality Assured" symbol to falsely represent their product or organization will be subject to legal action. Certified manufacturers will be authorized to use and display the CKCA certified logo.

Statistical Information

Are you primarily an:

- Integrated operation? (producing over 50% of your components) or;
 An assembler operation?

What percentage of your components are:

___ % Imported? ___ % Domestic?

Are you a:

- Stock? Semi custom? Custom manufacturer?

Are your cabinets factory finished?

- Yes No

Basic materials used:

- Wood High pressure laminate Metal Paper overlay

Number of production employees: _____

(current)

Annual sales volume: _____

(current year)

Type of distribution:

- Distributors and Dealers Combination
 Direct Other _____

Area of distribution: _____



TO SUBMIT REGISTRATION FORM:

By Mail:

CKCA Certification Testing Program
Canadian Kitchen Cabinet Association
3781 Strandherd Drive, P.O. Box 34018
Nepean, ON K2J 5B1

Digital Submissions: Email: info@ckca.ca

For More Information: Phone: 613.493.5858

Enclosures: Please ensure that the Product Distribution Form is completed and included when submitting this form.

CKCA.CA

CKCA CERTIFICATION

CERTIFICATION CATEGORIES & FEES

	COST	TOTAL
CERTIFICATION		
<input type="checkbox"/> Full Set of Initial Testing	\$ 4,750.00	\$ _____
<input type="checkbox"/> Additional Full Product Line # 2	\$ 4,750.00	\$ _____
<input type="checkbox"/> Additional Full Product Line # 3	\$ 4,750.00	\$ _____
ADDITIONAL OPTIONS		
<input type="checkbox"/> Additional Finish System*	\$ 200.00	\$ _____
ADDITIONAL TESTING		
<input type="checkbox"/> Additional Testing – Drawer System # 2**	\$ 450.00	\$ _____
<input type="checkbox"/> Additional Testing – Drawer System # 3	\$ 450.00	\$ _____
SUBTOTAL		\$ _____
PLUS HST	13%	\$ _____
TOTAL		\$ _____

ANNUAL RENEWALS

	COST	TOTAL
<input type="checkbox"/> Annual Renewals ONLY***	\$ 150.00	\$ 150.00
PLUS HST	13%	\$ 19.50
TOTAL (Annual Renewal Only)		\$ 169.50

It is the responsibility of the manufacturer to provide payment in full at the time of application submission. Samples may not be sent for testing until payment has been received in full (including clearing of all cheques).

No refunds will be given on testing fees received.

METHOD OF PAYMENT

Payment Options: Credit Card Cheque

Credit Card: Fill out information below and mail or email completed form.

Card Type: Visa Master Card AMEX

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV (3 digit code on back card): _____

Cheque: Enclose cheque with completed form and mail. If you wish to email your completed form and pay with cheque, please print a copy of this completed form to enclose with your cheque when mailing. Please make cheques payable to: Canadian Kitchen Cabinet Association.

Signature: _____

Date: _____

*Initial test samples should include 1 stained finish and 1 painted finish. If you wish to test an additional finish system, please check this box and include an additional set of 2 doors in the additional finish material with your samples.

**Initial test samples cover testing of 1 drawer system. If you wish to test an additional drawer system please check this box and include the additional drawer system with your samples.

***Annual Renewals will be due 1 year from the date of the initial testing. You will receive notification from the CKCA in advance to submit your annual renewal paperwork.

Note: All information is collected in accordance with our privacy policy (visit CKCA.CA) and will not be shared. Information collected is used for statistical purposes only, and is voluntary.