

**NAMI SUPPLIER REGISTRATION FORM NO. 2**  
**NON-REGISTERED SUPPLIERS**

MANUFACTURER REQUESTING FORM: \_\_\_\_\_  
MANUFACTURER'S LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO SUPPLIERS:** The above stated manufacturer participates within NAMI's Certification Programs. In accordance with ISO/IEC 65 and 17020 Guidelines, must provide evidence that the product or components from their suppliers must meet applicable industry standards. The manufacturer that you supply product to has forwarded you this form for completion. Please complete the form and return the form and any supporting documentation to the manufacturer requesting it. The manufacturer will forward this information to NAMI and NAMI will register your company on the NAMI Website. There is no cost involved with this. Once your company is registered with NAMI, all other manufacturers will refer to the NAMI Website and no additional documentation is needed. If you have any questions, please contact NAMI at (804) 684-5124.

**APPLICATION FOR SUPPLIER REGISTRATION**

Name of Supplier: ODL, INC.  
Address: 215 E ROOSEVELT AVE.  
ZEELAND MI 49464  
Contact Person: CHUCK PERGLER  
Telephone: (616) 748-5401 Fax: (616) 748-7276

**PRODUCT DESCRIPTION**

(List all products, processes or service supplied)

Product Supplied to  
Manufacturer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheet if necessary)

Product Tested to:  
(Describe Applicable  
specification) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach latest independent or in-house test reports for product listed above)

**QUALITY ASSURANCE INFORMATION**

Supplier's must maintain an on-going quality assurance program. Please complete the following:

Does your facility have a quality assurance manual? YES

How often is sampling performed? 4 TIMES DAILY Is it documented? YES

Are calibration records maintained? YES

Name the person or position responsible for your company's quality assurance program: CHUCK PERGLER

Provide any additional information of your company's quality control requirements and documentation:

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**(All Test Reports and Quality Assurance Information are considered confidential information with NAMI and will not be disseminated unless requested in writing by supplier.)**

**To all manufacturers: Please forward this completed form and all supporting Documentation to NAMI and retain copies for your quality assurance manual as well:**

**Forward to:**

**National Accreditation & Management Institute, Inc.**

**4794 George Washington Memorial Highway**

**Hayes, VA 23072**

**TEL 804.684.5124**

**FAX 804.684.5122**