



PROJECT AMENDMENT REQUEST

Applicant Name	_____	Date	_____
Address	_____	Requester	_____
	_____	Phone #	_____
	_____	Fax #	_____
		E-mail	_____

REPORTS AFFECTED

E #: _____

MET Report(s) # : _____

EN MET Project # : _____

CB MET US # : _____

Other: _____

PRODUCT(S) AFFECTED

1) **Description of file or product change: (ok to reference detailed attachments)**

2) **Manufacturer's drawings and/or other documents affected: (ok to reference detailed attachments)**

3) **Additional information: (please attach and reference any information that cannot be included here)**

To Be Completed by MET Personnel Only			
Reviewed By (Print)	_____	Hold	Date _____
		Rejected	Date _____
(Signed)	_____	Accepted	Date _____
Comments/Instructions			

***If no response is received by the next follow-up inspection, the approval to apply the MET Mark may be revoked by the inspector upon the next follow-up inspection.**

Return this form to the sales account manager at MET Laboratories, Inc.:
914 West Patapsco Avenue, Baltimore, MD 21230-3432 Fax: (410) 354-3313 or
33439 Western Ave3nue, Union City, CA 94587 Fax: (510) 489-6372