



**MIAMI-DADE COUNTY**  
**BUILDING CODE COMPLIANCE OFFICE**  
**PRODUCT CONTROL DIVISION**

MIAMI-DADE COUNTY, FLORIDA  
 METRO-DADE FLAGLER BUILDING

140 WEST FLAGLER STREET, SUITE 1603  
 MIAMI, FLORIDA 33130-1563  
 TELEPHONE (305) 375-2902 FAX (305) 372-6339

**PRODUCT CONTROL APPLICATION FOR NOTICE OF ACCEPTANCE (NOA),  
 LABORATORY CERTIFICATION & QUALITY ASSURANCE SERVICE AGREEMENT**

**This application is required to request the issuance of Notice of Acceptance (NOA) or Testing Laboratory Certification. Please type or print all the information requested and sign the application in the space provided.**

**APPLICANT'S INFORMATION**

- (1) Legal Name of Applicant: \_\_\_\_\_  
*The name of the applicant must be the legal name (i.e.: Inc., Corp., LLC, etc. D/B/A names are not allowed.)*
- (2) Mailing Address: \_\_\_\_\_
- (3) City, State, Zip Code: \_\_\_\_\_
- (4) Name & Title of Contact Person: \_\_\_\_\_
- (5) Telephone / Fax Number: \_\_\_\_\_
- (6) Email address(es): \_\_\_\_\_
- (7) Manufacturing Location(s): \_\_\_\_\_
- (8) City, State, Zip Code: \_\_\_\_\_
- (9) Telephone / Fax Number: \_\_\_\_\_  
*(Provide all manufacturer locations for the product. Use an extra sheet of paper if needed.)*

**PURPOSE OF APPLICATION**

- (10) Check all applicable boxes  
 Please see back of application for definitions
- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> NOA                                      | <input type="checkbox"/> Lab Certification | <input type="checkbox"/> HVHZ   | <input type="checkbox"/> Non-HVHZ                            |
| <input type="checkbox"/> New                                      | <input type="checkbox"/> Revision          | <input type="checkbox"/> Renewal  | <input type="checkbox"/> Quality Assurance Service Agreement |
| <input type="checkbox"/> Expedited <i>(Additional fees apply)</i> |  | <input type="checkbox"/> Renewal <i>(Provide Existing Number and expiration Date)</i> |  |
- (11) Enter name of product or system \_\_\_\_\_  
*(This name will appear on the NOA)*

(12) Certifications: \_\_\_\_\_  
*(Provide all relevant certifications regarding product(s) and/ or Quality Assurance)*

(13) Fee Enclosed: \_\_\_\_\_ Make check payable to "Miami-Dade County Building Code Compliance Office."  
*(Fees are non-refundable)* The legal name of the applicant must be printed on the check.

(14) Check one of the following boxes, if applicable

- |   |  |
|---|--|
| <input type="checkbox"/> I am applying as an Association member<br>_____<br><i>(Provide Name and Acceptance No. of Association)</i> | <input type="checkbox"/> I am applying under a Private Label Agreement<br>_____<br><i>(Provide Name and Acceptance No. of Private Labeler)</i> |
| <input type="checkbox"/> I am applying with a Distribution Agreement<br>_____<br><i>(Provide Name of Manufacturer)</i>              |  |

**THIS SPACE IS FOR THE USE OF THE BUILDING CODE COMPLIANCE OFFICE ONLY**

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Fee Amount: \_\_\_\_\_

## FILING INSTRUCTIONS/DEFINITIONS

Applications for the issuance of NOA's must be completely filled out by the manufacturer of a product and/or system seeking the acceptance, in the Metropolitan Miami-Dade County jurisdiction, of said product and/or system. Or by an independent testing laboratory seeking to be certified to perform testing for products and/systems to determine compliance with the Florida Building Code and submittal to the Miami-Dade County Building Code Compliance Office. The applicant must submit with this application all documents listed in the applicable checklist(s), along with the applicable fee. All products requiring to be listed with an approved testing agency, must be, at time of application, part of a listing program by an approved testing agency having unannounced follow-up service. A copy of the current listing shall be included in the submittal. Said listing must be maintained during the life of the NOA.

**NOA:** A document prepared by the Product Control Division, accepting the applicant's request. NOAs are only issued to a manufacturer of a product and/or a system.

**Lab Certification:** A certificate issued to independent testing laboratories authorized to perform testing based on a specific standard as listed in the certificate.

**HVHZ:** High Velocity Hurricane Zone as defined in the Florida Building Code (FBC).

**New [Application]:** A request for the issuance of an NOA for products and/or systems that do not presently hold a current NOA, or request for the issuance of a certificate to independent laboratories that do not hold a current Laboratory Certification. Estimated time of processing is 180 days.

**Association Members:** Applicants applying under this category, agree to be bound by all the conditions set forth in the association acceptance

**Revision:** A request by the holder of a current NOA seeking a change or modification to the product and/or system accepted and listed by such NOA. Or a request by the holder of a current laboratory certificate seeking a modification of such certificate. Estimated time of processing is 120 days.

**Renewal:** A request by the holder of a current NOA seeking an extension of the expiration date of such NOA. Or a request by the holder of a current laboratory certificate seeking an extension of the expiration date of such certificate. If the existing NOA or laboratory certificate has expired, by the time the application is submitted, it is considered a new application, instead of a renewal. The application requires a statement from the NOA/Certificate holder that the product/system/laboratory has not changed in any shape or form. Estimated time of processing is 60 days.

**Private Labeler Agreement:** An agreement between the applicant and the manufacturer of a product or system, holding a current NOA, to have the manufacturer, manufacturer the accepted product or system under the applicant's name. The agreement shall be on the form provided by the Product Control Division. The properly executed agreement shall be part of this submittal. Applicant's acceptances, based on private labeler agreements are subject to be removed if the manufacturer fails to maintain said NOA current. These acceptances shall have the same expiration date as the expiration date of the manufacturer's NOA.

**Distributor Agreement:** This document must be filed by applicants who are not the actual manufacturer of the product(s) or where a manufacturing location is outside of the United States. The agreement shall clearly indicate the person or entity with domicile within the United States acting as a representative of the manufacturer and not necessarily being the same as the applicant. The properly executed agreement shall be part of this submittal.

**Quality Assurance (QA) Audits:** Manufacturers of approved products and Product Testing laboratories shall implement a quality assurance program at their facilities. Audits will be conducted on a yearly basis to verify the implementation and assess the level of compliance of the QA program.

### FEE SCHEDULE

A) Application issuance of an NOA	
1. New application, including those under Private Labeling Agreement valid for 5 years.....	\$4,000.00
2. Revision valid up to expiration date of original NOA.....	\$1,500.00
3. Renewal, prior to expiration date valid for 5 years.....	\$1,500.00
4. Renewal after expiration date valid for 5 years.....	\$4,000.00
B) Application for issuance of Laboratory Certificate or Quality Assurance Service Agreement	
1. New Application valid for 5 years.....	\$4,000.00
2. Revision valid up to expiration date of original Certificate/Agreement .....	\$1,500.00
3. Renewal, prior to expiration date valid for 5 years.....	\$1,500.00
4. Renewal after expiration date valid for 5 years.....	\$4,000.00
C) Review of Distributor Agreement.....	\$1,500.00
D) Other fees	
1. Special Project to include: (Use application for Hourly Rate Services).....	\$75.00
a) One-time Approval	per hour
b) Review of Proposal	
c) Review to create criteria	
2. Certificate of Competency payable every year (CC issued annually).....	\$500.00
3. Review of alternate type of products, materials or method of design valid for one year.....	\$4,000.00

**Note:** This office is authorized to collect:

- a) Travel expenses incurred in the process of conducting inspections.
- b) Recording fees from the applicant in connection with those matters to be recorded.
- c) A fee based on actual staff time and cost for matters that are extraneous to its activities.

### ACKNOWLEDGMENT

The information provided with this submittal, is true and correct to the best of my knowledge and belief. I understand that any information that I provide Miami-Dade County, is subject to public inspection and release under the public records law of the State of Florida, FS 119. Drawings and/or any other design information, not included in the NOA, may be subject of federal copyright protection. (It is the administrative policy of The Building Code Compliance Office to notify you when a request has been made to review the information in our files. Copyrighted material may not be duplicated or knowingly made available for duplication without the permission of the holder of the copyright.) I further state that I am in agreement with all the conditions listed herein.

Print Name and Title of Authorized Representative  
(Must be an official of the company)

Signature of Authorized Representative

Date