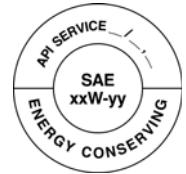




**AMERICAN PETROLEUM INSTITUTE
ENGINE OIL LICENSING AND CERTIFICATION SYSTEM (EOLCS)
APPLICATION FOR LICENSURE**



PART A — COMPANY DATA

1. COMPANY INFORMATION

The company listed below hereby applies for authorization to use the registered marks of the API Engine Oil Licensing and Certification System in accordance with the most recent edition of API 1509. This application consists of this Part A —Company Data and one or more of the following: Part B—Product Data Sheet; Part Q—Licensed Product Test Support; Part C—License Agreement; Part D—Product Traceability Code; Part E—Signature Authorization Form, and Part F—Supplemental Category Documentation of Original Equipment Manufacturer Review and Certification of Engine Test Performance. Applications for new licenses must include Parts A, B, Q, C, and D. Part E is optional, and Part F is only required if the Mack Review box is checked on a Part B form. An Amended License Agreement is required when a new product or products are added to a current license. This includes updating the service category or viscosity grade on a licensed product.

Company: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Website: _____

API Member Company? (EOLCS licensure does not confer API membership) Yes No

2. PRIMARY CONTACT (must be an employee of licensed company)

(Dr./Mr./Ms.) _____ First Name: _____ Initial: _____ Last Name: _____

Telephone: _____ Fax: _____

(If outside the United States and Canada, include country and city codes.)

E-Mail: _____

Contact Address if different from above:

Company: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Contact should receive correspondence related to the following (check all that apply):

- License Renewal/ Invoices Licensing Information Audit Findings



2. ADDITIONAL CONTACTS

(Dr./Mr./Ms.) _____ First Name: _____ Initial: _____ Last Name: _____

Telephone: _____ Fax: _____

(If outside the United States and Canada, include country and city codes.)

E-Mail: _____

Contact Address if different from above:

Company: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Contact should receive correspondence related to the following (check all that apply):

License Renewal/ Invoices Licensing Information Audit Findings

This contact is a supplier.

- Any contact responsible for receiving audit findings must be an employee of the licensed company.
- If any contacts not employed by the licensed company are listed a Part E form must be completed

(Dr./Mr./Ms.) _____ First Name: _____ Initial: _____ Last Name: _____

Telephone: _____ Fax: _____

(If outside the United States and Canada, include country and city codes.)

E-Mail: _____

Contact Address if different from above:

Company: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Contact should receive correspondence related to the following (check all that apply):

License Renewal/ Invoices Licensing Information Audit Findings

This contact is a supplier.

- Any contact responsible for receiving audit findings must be an employee of the licensed company.
- If any contacts not employed by the licensed company are listed a Part E form must be completed

4. REMOVAL OF PRODUCTS FROM CURRENT LICENSE

The Product or products listed below or separately on the attached sheet should be removed from my company's current license:

Viscosity Grade/Service Category	Brand Name

5. COMPANY NAME CHANGE

If your company's name has changed please complete the information below and submit a Part C form.

Previous Company Name: _____
New Company Name: _____
API License Number: _____ Effective Date: _____

6. CERTIFICATION AND SIGNATURE

I certify that the information provided and/or requests made in this Part A—Company Data are accurate and reflect the intent of this company or licensee.

Print Name of Authorized Officer or Designated Individual _____
Title _____
Signature _____
Date _____