



Administrative Office, AMS, Inc.  
 205 West Main, PO Box 730  
 Sackets Harbor, NY 13685  
 Phone: (315) 646-2234  
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## Voluntary Product Decertification Form (SD-199)

Manufacturer:	Plant Location:		
Address:			
City:	State/Prov:	Zip:	Country:
Primary Contact:			
Telephone:		E-mail:	

The indicated fabricating company is making application for removal of certification of the below glazing product(s) by submittal of this request form.

SGCC Number (Assigned by SGCC)	Overall Thickness of Glass (mm or in)	Type of Glass (TTG, TPG, LSG)

*By signature below on this request form, I am attesting that I have authorization to request removal of certification for the above listed product(s) for the aforementioned manufacturer. I further understand that by submitting this request form, I am immediately relinquishing the authorization to stamp/label production glass with the above SGCC #s, as they are now no longer certified. I will discard/delete any stamping implementation used that includes the above SGCC #s.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
 SGCC, PO Box 730, 205 West Main Street, Sackets Harbor, NY 13685  
 Email: SGCC@amscert.com