



MASTER PAINTERS INSTITUTE

X-GREEN LISTING APPLICATION FORM

MPI Category # .....Green

In reference to this X-Green Application, the manufacturer identified below agrees to the following:

- A. To inform MPI of all formulation changes...
B. Follow MPI Appeal Procedures...
C. Pay all testing and document review charges...
D. Pay all applicable MPI listing fees...
E. Manufacturer's electronic and printed reference to MPI approval...

Paint Manufacturer .....
(2 to 4 digit abbreviation acceptable)

Product Label .....
(separate listings now available under separate labels)

Product Name .....

Product ID Code .....

Batch Number .....

VOCs ..... (must be less than 50 grams/liter)

Availability Region - Please tick the appropriate box(es). [ ] US [ ] Canada [ ] US & Canada [ ] BC

Certified as meeting, or exceeding, listed MPI Performance Specification.

.....
Authorized Signature

.....
Date (DD/MM/YYYY)

.....
Printed Name

Please complete page two of this listing application form

Notes: The product technical data sheet, MSDS and label must accompany this sheet.

Please address any questions, correspondence or shipments to:
Mr. Bob Welch, Technical Director /Anoush Alipour, Senior Chemist
Toll Free Phone: 1(888)674-8937, Toll Free Fax: 1(888)211-8708

Master Painters Institute
2800 Ingleton Ave., Burnaby, BC, V5C 6G7



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To qualify for the X-Green Categories, a product **must** meet all 3 of the following requirements:

- **Performance**

This product is already approved, and listed, under the above conventional MPI Category.  
[If this is **not** the case, then the product should be submitted using conventional listing procedures.]

**Yes** \_\_\_\_\_ **Initials**

- **VOCs**

This product is already approved, and listed, under MPI GPS2.

**Yes** \_\_\_\_\_ **Initials**

If this is not the case;  
Attach product information sheet and MSDS,  
Attach copy of a label showing VOCs, and  
Certify that the VOCs are at, or below 50 g/L

**Yes** \_\_\_\_\_ **Initials**

- **Emissions**

This product is already approved by a certified lab as meeting CHPS.

**CHPS Certified documents attached)**       **Yes** \_\_\_\_\_ **Initials (CHPS Certification**

**CHPS Certification Lab** \_\_\_\_\_