



METER COLLAR VENDOR APPLICATION

INTERNAL USE ONLY
DATE RECEIVED

VENDOR INFORMATION

COMPANY NAME	
CONTACT NAME	TITLE
ADDRESS	
PHONE	EMAIL
FAX	WEBSITE

PRODUCT FUNCTION AND DESCRIPTION Please provide details regarding the offerings of your organization.

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DOCUMENTATION SUBMITTAL

- ☐ Product line name and model number
- ☐ Technical information including:
 - ☐ Specification sheet
 - ☐ UL/IEEE standards
 - ☐ List other EDCs utilizing product.

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of the product.

NAME	TITLE
SIGNATURE	DATE

Please submit completed application and all technical information by email to mca_vendorreviewrequest@ameren.com.