

Attn: Director of Certification

## **Authority to Act as Agent**

I appoint <u>Joseph D. Brunett</u> on behalf of <u>Willow Run Test Labs, LLC</u> to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American Certification Body, Inc., still resides with Inspectron Inc, located at 39625 Lewis Dr. Ste 900, Novi. MI 48377.

| Agency Agreement Expiration Date: (optional) |                              |                                 |
|--|------------------------------|---------------------------------|
| Dated this                                   | 3 RD day of NOV              | , 20 <u>14</u> .                |
| Ву:  | (Signature)                  | JEFFREY C. SCHOBER (Print name) |
| Title:                                       | PROJECT MANAGER              |                                 |
| email:                                       | JSCHOBER@INSPECTRONTOOLS.COM |                                 |
| On behalf of:                                | (Company Name)               |                                 |
| Telephone:                                   | 748.702.6600                 |                                 |
| Fax:   | NA                           |                                 |