General PRODUCT PERFORMANCE TESTING

APPLICATION FORm (PP1)
PRODUCTS FOR EXAMINATION AND TEST OR ASSESSMENT

|  |  |
| --- | --- |
| Organisation |  |
| **Contact Name** |  |
| **Product** |  |

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| --- |
| For NSF use only |
| Enquiry Number: | Date Application Received: |
| Laboratory Reference number: | Sample number: |

# 1. APPLICATION FOR TESTING

**To enable NSF International (hereafter referred to as NSF) to perform testing to the required specification / standard, please ensure that the relevant Sections of the Application Form are completed *IN FULL* prior to submission of any test samples.**

Completed application forms should be submitted to the Account Management Team via email or posted to the address below.

***IMPORTANT
Please use a separate Application Form for each generic type product range***

When we have received a completed Application Form we will contact you with a quotation for the work requested and the product requirements for testing.

All work undertaken is subject to NSF Conditions of Service together with the NSF Wales term Sheet.

An application for testing comprises:

1. A completed Application Form and product details.

If extra space for any section of this form is required, please attach an extra sheet clearly indicating the name of the applicant, product name, section and page number to which it refers.

If you require assistance completing your Application Form or have any queries, please contact the Account Management Team via the following:

**NSF International**

Unit 30 Fern Close

Pen-y-Fan Industrial Estate

Oakdale

Gwent

NP11 3EH

UK

Tel: +44 (0) 1495 236 260

Email: productevaluation@nsf.org

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| --- | --- | --- | --- | --- |
| **1)** | **Current Manufacturing Status of The Product** | Production 🞏 | Pre-production 🞏 | Prototype 🞏 |
| Comments where applicable – |
| **2)** | **Name and Address of Applicant**Contact name:Company name:Address:Telephone number: Company website:Contact email address: |
| **3)** | **Name and Address of Manufacturer of Product(s)**(Where testing is sought for fittings that are manufactured or assembled at more than one site, please list all of the manufacturing sites or assembly plant addresses.)Company name:Address:Company Website: |
| **4)** | **Post Testing:**Once testing is completed, what do you want us to do with the test samples?🞏 Dispose - Please be aware that if the samples are provided with additional connections (to assist with testing) these connections will also be disposed of with the test samples (unless stated otherwise).🞏 Collection arranged by applicant   |
| **5)** | **If available please supply the below** (this will assist in the assessment of your product to allow us to produce a testing quote)(A) Drawings 🞏(B) Brochures 🞏(C) Installation manual 🞏 |

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| --- | --- |
| **6)** | **Please state all model numbers & equivalent sizes/product names/product codes for which testing is sought.** |
| **7)** | **Type of the water fitting for which testing is sought**Please state the generic product type e.g. Washing Machine, Taps, WC etc. |
| **8)** | **Description of Markings Present on Product** |
| **9)** | **Mechanical Characteristics**Please advise the Temperature, pressure and flow rates that the fitting(s) is(are) to be subjected to (if applicable).  |
| **10)** | **Testing/standard specification**Please advise the (what) test/s you wish to have conducted. If you know the standard or specification you require the product to be tested too, please state. If test is to be conducted to your own test requirements, please provide full details of the test requirements (pressures, temperatures, flow rates and sketches of the required test set-up)  |
| **11)** | **Further comments, if applicable:** |

Application form completed by:

|  |  |
| --- | --- |
| Name & Status: |  |
| Signature: |  |
| Date: |  |

If application is being entered by an Agent please specify your details below.

Name:

Company name:

Address:

Email address:

Telephone number:

Mobile number: