**Approval Scheme for Chemical Inhibitors (CIAS) - Application Form CIAS 2**

NSF approves chemical inhibitors that meet the requirements of the NSF Standard Specification for the Performance of Chemical Inhibitors for Use in Domestic Hot Water Central Heating Systems

NSF CIAS Certification is granted only to products that have been examined and found to fully satisfy the requirements of the Scheme.

***Note: You must notify NSF of any changes to the information detailed in this form during the assessment of the product and throughout the period for which the NSF CIAS Certification is valid.***

All applications for NSF CIAS Certification must include the following:

*(Please select the boxes below to indicate that you have included all of the information required)*

A completed copy of this application form

*(Please ensure you fill in every section indicating ‘not applicable’ if appropriate)*

Separate chemical Formulation Sheet

*Note: The Scheme* ***must*** *be supplied with the chemical formulation of the corrosion inhibitor (a separate form exists for this) and include details of the pH, odour, colour, form and specific gravity (see section 7).*

Product Literature, e.g. sales brochures

Instructions for use

*Note: Instructions for use* ***must*** *be supplied with the inhibitor and shall include specific information relating to filling central heating systems and recommended inhibitor concentration levels.*

Copies of all product labels

A copy of the ISO 9001 certificate or equivalent for each manufacturing facility and bottling plant (if applicable)

Material Safety Data Sheet (MSDS)

All applications for NSF CIAS Certification are subject to NSF Wales Standard Terms and Conditions.

*(Please be aware that failure to include any of the items listed above will result in a delay when processing your application.)*

**PART 1 – DETAILS ABOUT THE APPLICANT**

|  |  |
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| 1. **Application Category** *(Please select one of the options below)* | |
| Please click here to choose the application category  **For 5-year reassessments, additions to range or modifications to an existing range, what is the current NSF CIAS Certification Number?** Click or tap here to enter text. | |
| 1. **Name and address of the applicant** (This will be included in the NSF listing unless otherwise requested) | |
| **Contact Name:** |  |
| **Company name:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| **Mobile number:** |  |
| **Company website:** |  |
| 1. **Details of the individual responsible for the approval of the inhibitor(s), if different from section 2. above**   (i.e. contact for technical queries) | |
| **Contact Name:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| 1. **Name and address of the manufacturer of the inhibitor, if different from section 2. above.** | |
| **Contact Name:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| 1. **Name and address of the bottling plant, if different from section 2. above.** | |
| **Company Name:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| **Dilution rate:** | Is the inhibitor supplied to the bottler at the correct dilution rate? Yes ☐ No  If no, what is the dilution rate? |

|  |  |
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| 1. **Company that will be responsible for paying the NSF invoices for this application, if different from section 2. above.** | |
| **Contact Name:** |  |
| **Company name:** |  |
| **Address:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| 1. **Contacts for correspondence** | |
| **Pre-certification application stage**  All contact and/or correspondence should be directed towards the person named in:  Please tick as appropriate **Section 3**  **or section 4**  *(Select one box only)*  **Certification Decision**  All communication regarding the Certification Decision should be sent for the attention of the person named at the address given, in:  Please tick as appropriate **Section 3**  **or section 4**  *(Select one box only)*  Any other correspondence after the approval will be directed to the ‘Applicant’ named in section 3. | |
| 1. **Name of the laboratory you intend to use for testing:** | |
| The laboratory must be registered with NSF. For details of current registered laboratories, please contact NSF | |

**PART 2 – DETAILS ABOUT THE INHIBITOR**

|  |  |
| --- | --- |
| 1. **Name of the chemical inhibitor** including concentration levels and packaging capacity. | |
| **Inhibitor name:** |  |
| 1. **Physical Properties** | |
| **Concentration:** | %V/V |
| **Packaged capacity:** |  |
| **pH:** |  |
| **pH QC range:** |  |
| **Odour:** |  |
| **Colour:** |  |
| **Form:** |  |
| **Specific Gravity:** |  |
| **SG QC range:** |  |

**DECLARATION**

By signing this page, I confirm the statement below:

1. I/we confirm our acceptance of the NSF Wales Terms and Conditions for product certification.
2. I/we warrant the accuracy and completeness of all information contained in this Application Form and any other information now or subsequently provided by me/us and/or our Agents to NSF in pursuance of this application and confirm that none of this information is or may be construed as misleading in any way.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |