

NSF International Unit 30 Fern Close | Pen-y-Fan Industrial Estate Oakdale | Gwent | NP11 3EH | UK Tel: +44 (0) 1495 236 260 Fax: +44 (0) 1495 242 499 Email: wales@nsf.org Website: www.nsf.org

PRODUCTS FOR EXAMINATION AND TEST OR ASSESSMENT

Application Form PP1 Mechanical Products - General product performance

Organisation	
Contact Name	
Product Name	
Project Number	



FORM:	PP1
Project Number:	

APPLICATION FOR TESTING

To enable NSF International (hereafter referred to as NSF) to perform the test to the required 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 returned to your Account Manager via email or posted to the address on Page 1.

IMPORTANT

Please use a separate Application Form for each product/material – photocopies of this form are acceptable.

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 Wales Terms and Conditions.

An application for testing comprises:

• 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



FORM:	PP1
Project Number:	

1)	Current Manufacturing Status of The Product	Production	Pre-production □	Prototype
		Comments where appli	cable –	
2)	Name and Address of App	<u>olicant</u>		
	Contact name: Company name: Address:			
3)	Telephone number: Company website: Contact email address:	nufacturer of Product(s)		
5)	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?	
			provided with additional connections with the test samples (unless stated	
	Collection arranged by a	applicant		



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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	
6)			s & equivalent sizes/product names/product codes for which testing is
	<u>sough</u>	<u>t.</u>	
7)	Tuno	of the water fitting for wh	sich tooting is cought
7)			ict type e.g. Washing Machine, Taps, WC etc.
		••••••••••••••••••••••••••••••••••••••	
0)	Deseri	ntion of Markinga Droop	nt en Breduct
8)	Descri	ption of Markings Prese	ant on Product
9)	Mecha	nical Characteristics	
3)		inical Gharacteristics	
			e, pressure and flow rates that the fitting(s) is(are) to be subjected to (if
	applic:	apie).	



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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: