



**NSF International**

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## THERMOSTATIC MIXING VALVE SCHEME TYPE 2 APPROVALS



### Approval Scheme for TMV2 Valves - Application Form TMV2

<b>Organisation</b>	
<b>Contact Name</b>	
<b>Product Name</b>	
<b>Testing Number</b>	
<b>NSF Certification Number</b>	



## **APPLICATION FOR CERTIFICATION**

**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.***

All work undertaken is subject to NSF Wales Terms and Conditions.

An application for certification comprises:

- A completed Application Form
- Completed Schedule of Materials
- Itemised Schematics
- Installation Manuals

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.

Please note that estimate costings can be provided, but may be subject to change upon receipt of the application.

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: [certificationwales@nsf.org](mailto:certificationwales@nsf.org)



**ALL SECTIONS MUST BE COMPLETED**

<b>NSF</b>
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**PIGGYBACK APPROVAL?** YES/NO - if yes, State original approval number:

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**PRODUCT INFORMATION**

<b>1.</b>	<b>Name and Address of Applicant.</b>
<b>2.</b>	<b>Name and Address of Manufacturer of product, if different from above.</b>
<b>3.</b>	<b>Invoice address (Provide purchase order number if applicable), if this section is not completed the invoice will be sent to the address indicated in Section 1 above, any re-invoicing will be charged at the NSF rate.</b>
<b>4.</b>	<b>Details of individual responsible for the certification of product(s) (i.e. contact for technical queries) please include telephone and email address.</b>  Name:  Email:  Telephone number:



<b>5.</b>	<b>List valves requiring TMV2 certification;</b> detail differences between models.          <p>Please include current BC/NSF certificate numbers and WRAS approval numbers if applicable. (<b>Note:</b> include sufficient information to ensure that the product variations within a range can be identified), attach separate sheet if required.</p>
<b>6.</b>	<b>The Scheme requires that manufacturers and factoring agents</b> (as appropriate) have in place and continue to maintain an ISO 9001 quality system that ensures that the manufactured product are of a consistent quality and that all subsequent operations have no detrimental effect. Applicants can demonstrate compliance by supplying the Scheme with a copy of a valid ISO 9001 certificate and scope of accreditation.  <b>A 'Primary Factor'</b> is a company/individual who does not manufacture the valve but only distributes an already certified valve under their own trade name, the product having only cosmetic changes (ID). <b>For primary factors, ISO 9001 is not required</b> if certain confirmations are provided, see clause 3.5 of the form TMV1.  <b>A 'Secondary Factor'</b> is a company/individual who does not manufacture the valve, but distributes an already certified valve under their own trade name. The valve having cosmetic changes (ID) and being fitted with additional components that may affect the valves performance (e.g. the addition of isolation valves, etc. not present in the original licence made by the manufacturer). Secondary factors may also mark, box and provide the installation and maintenance document. <b>For secondary factors, ISO 9001</b> is required as well as confirmations provided, see clause 3.5 of the form TMV1.  This application is from: <b>(tick as appropriate):</b>  A Manufacturer: <input type="checkbox"/> A Primary Factor: <input type="checkbox"/> Details of original Certificate: <input type="text"/> A Secondary Factor: <input type="checkbox"/> Details of original Certificate: <input type="text"/>
<b>7.</b>	<b>The valves referred to in Section 5</b> of this application are in production? <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">YES/NO</div>



<b>8.</b>	<p><b>Ensure the following documents are attached to this application.</b> Tick the boxes to indicate the documents are attached.</p> <p>(a) General Assembly Drawings <input type="checkbox"/></p> <p>(b) Brochures <input type="checkbox"/></p> <p>(c) Certificates, NSF/WRAS <input type="checkbox"/></p> <p>(d) Installation Manual <input type="checkbox"/></p> <p>(e) ISO 9001 Certificate <input type="checkbox"/></p> <p><b>For Electronic Installation and Maintenance Documents</b></p> <p>The Scheme requests details of the web link if the Installation and Maintenance document is to be made available electronically. Please provide web link below:</p> <p>.....</p>
<b>9.</b>	<p><b>Tick the appropriate box to indicate which standard the valve is to be certified against, indicating the generic type of valve.</b> For tee type valves you may tick multiple boxes as appropriate.</p> <p>BS EN 1111 (high pressure) <input type="checkbox"/> Economy use (yes or No): <input type="checkbox"/> YES/NO</p> <p>BS EN 1287 (low pressure) <input type="checkbox"/></p> <p><b>Valve type:</b> Bidet <input type="checkbox"/> Shower <input type="checkbox"/> Washbasin <input type="checkbox"/></p> <p style="padding-left: 100px;">Tub/Bath <input type="checkbox"/> Temp override facility <input type="checkbox"/></p>
<b>10.</b>	<p><b>Marks of identification to be found on the valve,</b> include method of marking .i.e. stamped, laser etched etc.</p>
<b>11.</b>	<p><b>Declare on the attached schedule of materials all components used</b> in the valve(s) including details of the manufacture of the non-metallic materials and components. All sections must be completed as verification that the non-metallic materials are compliant with BS 6920 needs to be made.</p>
<b>12.</b>	<p><b>Additional comments,</b> where applicable.</p>





**SCHEDULE OF MATERIALS**

COMPONENTS IN CONTACT WITH POTABLE WATER AS SHOWN ON DRAWING No: _____		DETAILS OF ALL MATERIALS FROM WHICH COMPONENTS ARE MANUFACTURED			
COMPONENTS IDENTIFICATION ON DRAWING (a)	DESCRIPTION OF ITEM (b)	TRADE NAME OF MATERIAL OR PRODUCT (c)	GENERAL NATURE OF MATERIAL (RUBBER, EPDM, etc) (d)	MANUFACTURER'S MATERIAL OR PRODUCT IDENTIFICATION CODE (E)	NAME AND ADDRESS OF MATERIAL OR PRODUCT MANUFACTURER (F)

**NOTE:** If this form does not have enough space, please photocopy.