California Department of Public Health
Division of Drinking Water and Environmental Management

Third Party Water Treatment Device Certification Application

Type of Application (Make check payable to "**CDPH Water Device Fund 129**")

____ Initial Certification ($1400)
____ Recertification (every 5 years) ($1400)
Certification #_____
____ Modification ($300)
Certification #_____

Mail complete application packet to:

CDPH - Drinking Water Program
Device Certification Program, MS # 7417

Express Mail	U.S. Mail
1616 Capitol Avenue	P O Box 997413
Sacramento, CA 95814-5052	Sacramento, CA 95899-7413

1. Company Information

Company Name to be listed on certificate:

_____

Address: _____

City/State/Zip: _____

Website: _____

Phone: _____

Company Contact

Name: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

If different from above:

Manufacturer of Device: _____ Manufacturer Website: _____

Designated contact if different from above

If using another company to facilitate this application process, the following must be filled out. I hereby authorize _____ of _____ to act on our behalf in the processing of this application.

Designee Contact

Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Company: _____
Address: _____
City/State/Zip: _____

Who will be the contact for annual renewals? ☐ Manufacturer or ☐ Designee

2. Signature

I, the undersigned, certify that the testing data submitted for this application is true and correct, and was performed in accordance with Department of Public Health's approved test protocols as required by the Water Treatment Device Certification Regulations. In addition, pursuant to Section 60410(b)(8), I certify that this water treatment device or treatment component, which is identified as:

_____
(insert name, model number, or other product identification)

has been toxicologically reviewed and tested to verify that no substances are contributed by the unit to the treated water at levels that would adversely affect the health of the users.

I certify that I occupy a principal position in _____
(Company that will be listed on certificate) and all statements made on this application are true and correct.

Original Signature: _____ Date: _____

Name (typed or printed): _____ Title: _____

3. For Modification Indicate Action Requested (fill out all appropriate sections including those indicated)

_____Device(s) /replacement elements added or deleted - fill out section 4

_____Change in operation parameter(s) - fill out section 5, and 6

_____Change in health claims (contaminants) - fill out section 8 and 9

_____Other type of Modification(list below) - fill out appropriate section(s)

_____

4. Water Treatment Devices Submitted for Certification

Specify model designation(s) that should be listed under this certification. Multiple models may be listed as long as they are all "identical devices" as allowed by Section 60410(b)(7) and have the same manufacturer and the same set of health and performance claims. List all replacement elements for each trademark/model designation, and the performance function of each. If the same replacement element(s) apply to all models listed, so specify. Use another piece of paper if you need more room to list all models to be included in this certification.

Trademark(s)	Model Number(s)	Replacement Element(s)	Use this column for modification Action (add, delete, etc.)

5. Type of Water Treatment Device

(a) Specify the technology or combination of technologies which describe the device.

____Mechanical filter ____Ozone ____Ultraviolet
____Carbon block ____Ion exchange ____Distillation
____GAC ____Other _____

(b) System Type

____Counter top ____In line (refrigerator) ____ Point of entry
____Under counter ____Water softener ____ Other(Describe below)
____Pour-through pitcher ____Faucet mount _____

6. **Key Performance Specification (Complete all that apply)**

All Systems

Operating pressure range _____psi to _____psi
Operating temperature range _____F/ C to _____F/C
Flushing instructions _____

(a) Adsorptive systems:

Rated service capacity _____gallons
Rated service flow _____gpm

(b) Water softeners specify:

Rated service flow _____gpm at pressure drop _____psi
Ion exchange media _____
Type of regeneration media _____

(c) Does the system include:

_____Performance Indicator _____Flexible tubing _____Faucet

7. Test Data

- California requires extraction testing (systems using adsorptive media must test with and without media).
- California does not require structural integrity, chlorine taste/odor, particulate reduction or bacteriostatic properties testing.
- Testing must have been performed within five years of application submittal.
- Include PID test if testing to 120% of rated capacity instead of 200%.

8. Lab Information

Lab	Contact	Phone	Email
1.			
2.			
3.			

9. Contaminants Proposed for Certification and Testing Information

ALL INFORMATION IN THIS SECTION IS REQUIRED (List all that you plan to claim in your advertising.)

Required Testing	Lab	Test Report #	Date Tested	Model Tested
Extraction test w/media	_____	_____	_____	_____
Extraction test w/out media	_____	_____	_____	_____
Microbiological				
____Cysts(protozoan)	_____	_____	_____	_____
____Turbidity	_____	_____	_____	_____
____Other_____	_____	_____	_____	_____
Inorganic				
____Arsenic III__ V__	_____	_____	_____	_____
____Asbestos	_____	_____	_____	_____
____Barium	_____	_____	_____	_____
____Cadmium	_____	_____	_____	_____
____Chromium(hexavalent)	_____	_____	_____	_____
____Chromium (trivalent)	_____	_____	_____	_____
____Copper pH 6.5 or 7.5	_____	_____	_____	_____
____Copper pH 8.5	_____	_____	_____	_____
____Fluoride	_____	_____	_____	_____
____Lead pH 6.5 or 7.5	_____	_____	_____	_____
____Lead pH 8.5	_____	_____	_____	_____
____Mercury pH 6.5 or 7.5	_____	_____	_____	_____
____Mercury pH 8.5	_____	_____	_____	_____
____Nitrate/Nitrite	_____	_____	_____	_____
____Radium 226/228	_____	_____	_____	_____
____Selenium	_____	_____	_____	_____
____Other_____	_____	_____	_____	_____
Organic				
____VOCs (chloroform surrogate)	_____	_____	_____	_____
____Atrazine	_____	_____	_____	_____
____Lindane	_____	_____	_____	_____
____MTBE	_____	_____	_____	_____
____Trihalomethanes	_____	_____	_____	_____
____Other_____	_____	_____	_____	_____

10. Checklist - Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification.

_____a. Completed WTD certification application

_____b. Check for application fee ($1,400.00)

_____c. Third Party Certificate

_____d. Third Party Verification Letter