



Reproduce on Lt. Green /Revised 04/2010

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)

___ ANSI/NSF Standard

Mail complete application packet to:

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

<i>Express Mail</i>	<i>U.S. Mail</i>
1616 Capitol Avenue	P O Box 997377
Sacramento, CA 95814	Sacramento, CA 95899-7377

1. Company Information

Company Contact

Company Name to be listed on certificate:

Address: _____

City/State/Zip: _____

Website: _____

Phone: _____

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: _____

Indicate 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 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: _____

8. Lab Information

Lab	Contact	Phone	Email
1.			
2.			
3.			

9. Contaminants Proposed for Certification and Testing Information* (Check 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 _____	_____	_____	_____	_____

*include detailed technical justification and supporting test data and calculations for any and all data transferred from another system/component.

10. Checklist – Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification. Please label and staple items (e.g. individual test reports) together when necessary to make them easily identified.

- | | |
|---|---|
| ___ a. Completed WTD certification application | ___ e. Wetted parts list(s) |
| ___ b. Check for application fee (\$1,400.00 or \$300) | ___ f. Product data sheet(s) |
| ___ c. Laboratory WTD test data and
Laboratory extraction test data
(or ANSI certified product listing) | ___ g. Product label(s) |
| ___ d. Engineering drawings or each device | ___ h. Owner's/Instruction manual |
| | ___ i. Installation manual |
| | ___ j. Promotional material including
brochures and packaging. |