



REQUEST FOR COST ESTIMATE

What type of water treatment device are you looking to have NSF Certified?

- Component
- Carbon or Mechanical Water Filter
- Reverse Osmosis Unit
- Water Softener
- Ultraviolet Device
- Distillation Unit
- Other (please specify) _____

Where is the manufacturing facility located?

Plant #1 _____

Additional Locations _____

Is there a specific flow rate that your product has?

- Yes No

If yes, please provide this flow rate: _____

Does your product have a rated life expectancy or capacity?

- Yes No

If yes, please provide this capacity: _____

What claims would you like to have evaluated on your water treatment device?

Please enclose copies of sales sheets, product literature, brochures, catalogue or other documentation in order to help us understand your product better.

Please send this information by mail, fax or e-mail to Craig Zechman in our New Client Services department. Craig will review this information to determine the cost and time needed to achieve NSF Certification of your product.

Craig Zechman
New Client Services
NSF International
789 N. Dixboro Road
Ann Arbor, MI 48105
E-mail: zechman@nsf.org
Phone: (734) 913-5720
Fax: (734) 827-7178



APPLICATION FOR CERTIFICATION

Corporation Name: _____

Location: Street Address: _____

City/State: _____ Zip: _____ Country: _____

Mailing: Street Address: _____

(If different from location address.)

City/State: _____ Zip: _____ Country: _____

Phone: _____

Fax: _____

E-mail: _____

Corporate Contact: Mr. Mrs. Ms. Dr. _____

Production Facility (If more than one facility, attach an application for each.)

Location: Street Address: _____

City/State: _____ Zip: _____ Country: _____

Mailing: Street Address: _____

(If different from location address.)

City/State: _____ Zip: _____ Country: _____

Phone: _____

Fax: _____

E-mail: _____

Corporate Contact: Mr. Mrs. Ms. Dr. _____

Operating Hours: _____ Holidays/Closings: _____

A check in the amount of \$800.00 (US funds) is enclosed for the application fee. Upon acceptance of this application by NSF, the application fee is non-refundable. Charges for professional services, audits, toxicological services, and testing will be invoiced as rendered.

Please be advised that payment terms on all invoices is NET 30 days. A finance charge will be imposed on all invoices which are over 30 days past due. The finance charge is computed by application of the periodic rate of 1% per month (which is an annual percentage rate of 12%) to the previous month's balance after deduction of payments made since the previous statement date. **(International customers – please contact NSF regarding payment terms.)**

Affidavit: I agree to comply with the applicable NSF policies relating to use of the NSF Mark. I am authorized by the company to apply on behalf of the company for NSF's evaluation and certification services. I am further authorized to agree that the company will pay NSF for any charges billed for services rendered at the request of the company in the initial evaluation and/or testing of products for certification.

Signature: _____ Date: _____

Name & Title (print or type): _____

Return this application and check to:

Connie Berry
Certification Records
NSF International
789 N. Dixboro Road, P.O. Box 130140
Ann Arbor, MI 48113-0140