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## NSF CERTIFICATION

### APPLICATION FORM (TMV3)



## THERMOSTATIC MIXING VALVE SCHEME TYPE 3 APPROVALS

|                                 |  |
|---------------------------------|--|
| <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 Paul Taylor (Certification Director) at [ptaylor@nsf.org](mailto:ptaylor@nsf.org) or the Account Management Team via the following:

**NSF International**  
Unit 30 Fern Close  
Pen-y-Fan Industrial Estate  
Oakdale  
Gwent  
NP11 3EH  
UK

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Email: [ptaylor@nsf.org](mailto:ptaylor@nsf.org)



**ALL SECTIONS MUST BE COMPLETED**

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

**PRODUCT INFORMATION**

|           |   |
|-----------|---|
| <b>1.</b> | <b><u>Name and Address of Applicant</u></b>   |
| <b>2.</b> | <b><u>Name and Address of Manufacturer of product, if different from above</u></b>  |
| <b>3.</b> | <b><u>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.</u></b> |
| <b>4.</b> | <b><u>Details of individual responsible for the approval of product(s) (i.e. contact for technical queries) please include telephone and email address.</u></b><br><br>Name:<br><br>Email:<br><br>Telephone number:                   |



**5. List valves requiring TMV3 approval; include comments for clarification for the approval.**

Please include current BC/NSF certificate numbers and WRAS approval numbers if applicable. (**Note:** include sufficient information to ensure that the product variations within a range can be identified), attach separate sheet if required.

- 6.** The Scheme requires that all NSF members have in place and continue to maintain an ISO 9001 quality system that ensures that the manufactured product is 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. Where this cannot be supplied a quality audit will be conducted by the scheme to verify compliance with the requirements of the Scheme.
- A Primary factor** is a company/individual who does not manufacture the valve but distributes a certified valve under his own trade name, the product having only cosmetic changes.
- A Secondary factor** is a company/individual who does not manufacture the valve but distributes an already certified valve under his own trade name. The valve having cosmetic changes and material changes that may affect the valves performance (e.g. the addition of isolation valves, etc. not present in the original application made by the manufacturers).

Factors must demonstrate compliance with only those aspects of ISO 9001 that affects the thermostatic mixing valve.

The following have ISO 9001 quality systems (X as appropriate)

Manufacturer of product:  Factor:

(Note: If ISO 9001 certification has not been indicated then NSF will need to undertake a Quality Audit of the manufacturing and or distribution facilities).

This application is from: **(tick as appropriate)**

A Manufacturer:

A Primary Factor:

A Secondary Factor:

Details of original Certificate:

Details of original Certificate:



|           |  |   |
|-----------|--|---|
| <b>7.</b> | <p><b><u>DECLARATION</u></b> - Factors only: Is the valve supplied by your company identical to the already approved Thermostatic mixing valve (excluding identification) which includes all inlet variations? If no, supply details of variants.</p>  | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">YES/NO</div> |
| <b>8.</b> | <p>The valves referred to in Section 5 of this application are in production?</p>  | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">YES/NO</div> |
| <b>9.</b> | <p>Ensure the following documents are attached to this application. (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> |   |

**10. Indicate in the table below the designations of use (D 08) required for the range of valves specified in section 5. NSF will use this information to specify the samples required and the tests to be conducted.**

| Designation | Pressure Range | Application                                   | *<br>X | Size | Economy 'E'<br>Designation<br>Required ** |
|-------------|----------------|---|--------|------|---|
| -HP-B       | High Pressure  | Bidet   |        |      |   |
| -HP-S       | High Pressure  | Shower  |        |      |   |
| -HP-W       | High Pressure  | Washbasin                                     |        |      |   |
| -HP-T44     | High Pressure  | Bath with fill temperature up to 44°C         |        |      |   |
| -HP-T46     | High Pressure  | Bath with fill temperature up to 46°C         |        |      |   |
| -HP-D44     | High Pressure  | Bath with fill up to 44°C & Shower up to 41°C |        |      |   |
| -HP-D46     | High Pressure  | Bath with fill up to 46°C & Shower up to 41°C |        |      |   |
| -LP-B       | Low Pressure   | Bidet   |        |      |   |
| -LP-S       | Low Pressure   | Shower  |        |      |   |
| -LP-W       | Low Pressure   | Washbasin                                     |        |      |   |
| -LP-T44     | Low Pressure   | Bath with fill temperature up to 44°C         |        |      |   |
| -LP-T46     | Low Pressure   | Bath with fill temperature up to 46°C         |        |      |   |
| -LP-D44     | Low Pressure   | Bath with fill up to 44°C & Shower up to 41°C |        |      |   |
| -LP-D46     | Low Pressure   | Bath with fill up to 46°C & Shower up to 41°C |        |      |   |

|   |  |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
|---|--|--|--------------------------|--------------------------|--------------------------|--|--------------------------|---|--------------------------|--|--------------------------|---|--------------------------|
| 11.   | <p><b><u>Marks of identification to be found on the valve.</u></b></p><br><br><p><b><u>Method of marking, e.g. stamped, laser etched, etc.</u></b></p>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| 12.   | <p>Please declare details of all the manufacturers of materials and components on the enclosed `Schedule of Materials` (see attached form). Include the following:</p> <table><tr><td>(a) Component identification on drawing.</td><td><input type="checkbox"/></td></tr><tr><td>(b) Description of item.</td><td><input type="checkbox"/></td></tr><tr><td>(c) Trade name of material or product.</td><td><input type="checkbox"/></td></tr><tr><td>(d) General nature of material, e.g. rubber, EPDM, etc.</td><td><input type="checkbox"/></td></tr><tr><td>(e) Material or product identification (manufacturer).</td><td><input type="checkbox"/></td></tr><tr><td>(f) Name and address of material or product manufacturer.</td><td><input type="checkbox"/></td></tr></table> | (a) Component identification on drawing. | <input type="checkbox"/> | (b) Description of item. | <input type="checkbox"/> | (c) Trade name of material or product. | <input type="checkbox"/> | (d) General nature of material, e.g. rubber, EPDM, etc. | <input type="checkbox"/> | (e) Material or product identification (manufacturer). | <input type="checkbox"/> | (f) Name and address of material or product manufacturer. | <input type="checkbox"/> |
| (a) Component identification on drawing.                  | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| (b) Description of item.                                  | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| (c) Trade name of material or product.                    | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| (d) General nature of material, e.g. rubber, EPDM, etc.   | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| (e) Material or product identification (manufacturer).    | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| (f) Name and address of material or product manufacturer. | <input type="checkbox"/>   |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| 13.   | <p><b><u>Additional comments, where applicable.</u></b></p>  |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |
| 14.   | <p><b><u>State the Test House undertaking the assessment. The test laboratory must be UKAS accredited or equivalent to BS EN 17025 and be accepted by NSF as being a test laboratory capable of testing against D 08.</u></b></p>  |  |                          |                          |                          |  |                          |   |                          |  |                          |   |                          |



I have read and I understand and accept the instructions, terms and conditions and fees set out in Form TMV1 and the NSF Wales Terms and Conditions.

Signed: .....Name: .....  
(Signature) (Block capitals)

Date: .....Position: .....

Please return this completed form to NSF by:

Email: [ptaylor@nsf.org](mailto:ptaylor@nsf.org) or by post to

NSF Wales Ltd, 30 Fern Close, Pen-y-Fan Industrial Estate, Oakdale, Gwent, NP11 3EH, UK





|                 |      |
|-----------------|------|
| <b>FORM:</b>    | TMV3 |
| Project Number: |      |

**SCHEDULE OF MATERIALS**

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

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