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| **STATE WATER RESOURCES CONTROL BOARD**  DIVISION OF DRINKING WATER  WATER TREATMENT DEVICE REGISTRATION PROGRAM  Email address:[**WTDevices@waterboards.ca.gov**](mailto:WTDevices@waterboards.ca.gov)  Mailing address: **SWRCB Accounting Office**  **P.O. Box 1888**  **Sacramento, CA 95812-1888** |



# **Application for Registration - Water Treatment Device Model**

**Name of Manufacturer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Model Name (*one model per application*):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person for this Application: ­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person for the Future Correspondence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Completed application must include:

1. This original signed application form for each model. Please submit with payment & email electronic copy. The mailing address is listed at the top of this page.
2. An electronic copy of the Performance Data Sheet (Please refer to the manufacturer’s webpage for the details).
3. Payment of the registration fee of $350 for each separate model. Make checks payable to “SWRCB- Device Program Fees Fund Number 0129”.
4. Verification of certification by Independent Certifying Organization (electronic copy of listing or equivalent).
5. Send electronic copies of documents to: [WTDevices@waterboards.ca.gov](mailto:WTDevices@waterboards.ca.gov).

**I certify that the information submitted for this registration is accurate and completed. I agree to inform the State Water Resources Control Board, Devices program of changes to this model that have an impact on the ability of the model to achieve stated contaminant reduction claims.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

## **Details on the Water Treatment Model Device**

**Name of Manufacturer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Model Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Certifying Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person from the Certifying Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification Effective Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Certification Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide answers to the following questions regarding the status of the certification for this model:**

1. **Please indicate what health claims are made by this device:**

**Microbiological: \_\_\_Cysts \_\_Turbidity \_\_Other**

**Inorganic: \_\_\_Asbestos \_\_\_Arsenic 3 \_\_\_Arsenic 5 \_\_\_Barium \_\_\_Cadmium \_\_\_Chromium 3 \_\_\_Chromium 6 \_\_\_Copper \_\_\_Fluoride \_\_\_Lead** \_\_\_**Mercury \_\_\_Nitrate \_\_\_Nitrite \_\_\_Radium226/228 \_\_\_Selenium \_\_\_Other**

**Organic: \_\_\_Atrazine \_\_\_Benzene \_\_\_Carbon Tetrachloride \_\_\_Lindane \_\_\_MTBE \_\_\_Simizine \_\_\_Tetrachloroethylene \_\_\_Trihalomethanes \_\_\_VOCs by chloroform surrogate \_\_\_Other**

1. **Flow rate and capacity of filter cartridge (*circle units*): \_\_\_\_\_ gpm/gpd \_\_\_\_\_\_ gallons/liters**
2. **Type of technology (*check as many as apply to the device*): \_\_\_GAC \_\_\_Reverse Osmosis \_\_\_Ion Exchange \_\_\_Cationic Water Softener \_\_\_Ozone \_\_\_Ultraviolet \_\_\_Distillation \_\_\_ Mechanical Filtration \_\_\_Carbon Block \_\_\_Other**

**If checked Other, please provide a short description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Cartridges: Does the device has alternate filter cartridges with different claims or capacities? \_\_\_\_\_ If yes, please list here for separate registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please certify by your signature that the above information submitted is correct and true and you are aware and accept that SWRCB may request from your certifying organization that they provide us with actual performance testing data in response to significant concerns that may arise regarding the performance of the device or the ability of the device to meet stated health claims.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**