

**Application for Product Testing and/or Certification**

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Legal Status: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Other Manufacturing Facilities: \_\_\_\_\_  
 Commercial Legal Affiliations: (Subsidiaries, parent companies) \_\_\_\_\_

Product Name and Model: \_\_\_\_\_  
 Dosing Volume (GPD): \_\_\_\_\_ Test Protocol:  NSF/ANSI 40  NSF/ANSI 350  
 Length of Testing (Weeks): \_\_\_\_\_  NSF/ANSI 46  \_\_\_\_\_  
 Data Points Required: \_\_\_\_\_  NSF/ANSI 245  \_\_\_\_\_

Detailed Description of Desired Testing: (Attach drawings to application)

Sampling				Analysis																	
Sample Location	Composite	Grab	Sampling Frequency	NSF STD 245								Dissolved Oxygen	Turbidity	Cl <sub>2</sub>	PO <sub>4</sub>	Total Phosphorus	VSS	E. Coli	Fecal Coliform	Turbidity	
				NSF STD 40				TKN-N	NH <sub>3</sub> -N	NO <sub>2</sub> -N	NO <sub>3</sub> -N										
				BOD <sub>5</sub>	CBOD <sub>5</sub>	TSS	pH														Alkalinity

Complete and mail this form to: Program Manager  
 North American Testing, LLC  
 PO Box 323  
 Norwalk, OH USA 44857  
[dsteale@northamericantesting.org](mailto:dsteale@northamericantesting.org)



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