

**STATE WATER RESOURCES CONTROL BOARD**

DIVISION OF DRINKING WATER

WATER TREATMENT DEVICE PROGRAM

Email address:**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 number (one model number per application) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current certificate number (Write “Not applicable” for new models): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**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 Product Data Sheet
3. An electronic copy of the California Product Worksheet
4. Payment of the registration fee of $350 for each separate model. Make checks payable to SWRCB -Water Devices” or to the “State of California”.
5. Verification of certification by Independent Certifying Organization (Electronic copy of listing or equivalent)

(Not required initially for models which have California Certification valid as of 12/31/13)

1. Send electronic copies of documents to: WTDevices@waterboards.ca.gov
2. Please include your current certificate number in the electronic document names.

**Manufacturer Certification of accuracy and completeness**

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

*Date Stamp*

FOR DEPARTMENT USE ONLY

Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date logged in database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_

Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Supplemental Information for New Models:**

**(In Calendar Year 2015 only required for new models,**

**not previously registered)**

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

**Model number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and contact information for the person responsible for maintaining the certification of this model:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

1. **Do you intend to maintain the certification of this model for at least the next 12 months? \_\_\_\_\_\_\_\_\_\_ If ‘No’, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Has your certifying organization informed you of any needed laboratory re-testing that is coming due within the next 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Please indicate what health claims are made by this device:**

**Microbiolgical: Inorganic: \_\_\_Chromium III \_\_\_Nitrate**

**\_\_Cysts \_\_\_Asbestos ­­­\_\_\_ Chromium VI \_\_\_Nitrite**

 **\_\_Turbidity \_\_\_Arsenic V \_\_\_Copper \_\_\_Radium 226/228**

 **\_\_Other \_\_\_ Arsenic V \_\_\_Fluoride \_\_\_Selenium**

**\_\_\_Barium \_\_\_Lead \_\_\_Other**

 **\_\_\_Cadmium \_\_\_Mercury**

**Organic:**

**\_\_\_VOC’s by chloroform surrogate \_\_\_MTBE \_\_\_Carbon Tetrachloride**

**\_\_\_Atrazine \_\_\_Trihalomethanes \_\_\_Simizine**

**\_\_\_Lindane \_\_\_Benzene \_\_\_Tetrachloroethylene**

1. **Flow rate and capacity of filter cartridge (circle the unit) : \_\_\_\_\_ gpm/gpd \_\_\_\_\_\_ gallons/liters**
2. **Type of device (check as many as apply to the device): \_\_\_GAC \_\_\_Reverse Osmosis**

**\_\_\_Ion Exchange \_\_\_Cationic water softener \_\_\_Ozone \_\_\_Ultraviolet \_\_\_Distillation**

1. **Cartridges: Does the device have alternate filter cartridges with different claims or capacities?\_\_\_\_\_**

**If yes, please list here for separate registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please certify by your signature that 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **For SWRCB Use Only****Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

**SIGNATURE:**

**I CERTIFY THAT THE FOLLOWING INFORMATION SUBMITTED FOR THIS RENEWAL REGISTRATION IS TRUE AND CORRECT.**

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

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

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**