

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 46
 Length of Testing (Weeks): _____ NSF/ANSI 245 NSF/ANSI 385
 Data Points Required: _____ NSF/ANSI 350 _____

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

Sampling				Analysis																	
Sample Location	Composite	Grab	Sampling Frequency	NSF STD 245										D.O.	Cl ₂	UV Transmittance	E. Coli	Fecal Coliform	Turbidity	Total Phosphorus	
				NSF STD 40					TKN-Nitrogen	NH ₃ -Nitrogen	NO ₂ -Nitrogen	NO ₃ -Nitrogen	Temperature								
				BOD ₅	CBOD ₅	TSS	pH	Alkalinity													

Complete and mail this form to: Program Manager
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