

Water Supply (Water Fittings) Regulations 1999

Application for an RPZ Valve (type BA device) to an existing device

Please complete ALL sections of this form: failure to do so may delay your application.



Application form

Section 1: Details of Postal address/site where the device is to be installed:

Company: _____ Phone: _____

Address: _____

Email: _____

Section 2: Please provide details of the person installing the device:

Plumber/Contractor: _____

Address: _____

Phone: _____ Email: _____

Which approved scheme are they a member of: _____

Membership number: _____

Section 3: Please provide details of the site contact who will be responsible for organising the initial commissioning/testing of the device:

Name: _____ Company: _____

Contact details: _____

Section 4: Please provide details of the site contact who will be responsible for organising the annual testing of the device (if different from section 3 above):

Name: _____ Company: _____

Contact details: _____

Section 5: Please provide details of the person commissioning/testing the device:

Plumber/Contractor: _____

Address: _____

Phone: _____ Email: _____

Which approved scheme are they a member of: _____

Membership number: _____

Section 6: If application is being made in connection with either a New Anglian Water connection of a Water Regulations team inspection, please give the reference no:

Reference Number: _____

Section 7: Intended make/manufacturer of the device to be used (if known):

Make/manufacturer: _____

