

BACKFLOW PREVENTION DEVICE PRODUCT APPROVAL APPLICATION FORM

A. NAME OF SUPPLIER			
Business Name:			
Property Address:			
Billing Address:			
Contact Name:			
Phone:			
Email:			

B. EQUIPMENT DETAILS	
BACKFLOW PREVENTION DEVICE (BPD) MANUFACTURER	
Please provide BFP specifications, including composition, dimensions and design life and compatibility	
Evidence of compliance with Standards, including PNCC Engineering Standards for Land Subdivision and ASNZS 2845.1:2010 - Backflow Prevention Water Supply Part 1 Materials, design and performance requirements	

GUARANTEES	
Please provide details of guarantees that will be provided with each unit	
INSTALLATION AND MAINTENANCE	
Please provide copies of requirements and instructions for installation	
Please provide details of maintenance requirements, user manuals and life expectancy of each component	

TRACK RECORD – REFEREES	
Please provide contact details for three referees, preferably from local authorities who are using your product in their water supply systems	

D. QUALITY ASSURANCE	
Please provide quality assurance details	<i>That the manufacturer operates to an acceptable quality assurance standard</i>
Where there is no standard, the manufacturer will be required to supply copies of their quality assurance procedures and producer statements to support their performance and composition claims for the products concerned.	

E. LOCAL SUPPORT			
Please provide details of local product support and servicing			
Business Name:			
Property Address:			
Billing Address:			
Contact Name:			
Phone:			
Email:			
Please provide details of price and availability – Local Agents and lead times			
Item	Price per unit		Lead time for delivery
BFP			
Installation Manual			
Training for Installers			

G. APPLICANT'S DECLARATION		
Topic	Declaration	Applicant's declaration
Collection of further information:	The Supplier authorises PNCC to: collect any information about the Supplier, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client use such information in the evaluation of this Application. The Supplier agrees that all such information will be confidential to PNCC.	[agree / disagree]
Requirements:	I/we have read and fully understand the nature and extent of PNCC's requirements as described above. I/we confirm that the Supplier has the necessary capacity and capability to fully meet or exceed the requirements and will be available to deliver throughout the relevant Contract period.	[agree / disagree]
Conflict of Interest declaration:	The Supplier warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Application, or entering into an agreement to deliver the requirements. Where a Conflict of Interest arises during the Application process the Applicant will report it immediately to the PNCC Point of Contact.	[agree / disagree]
Details of conflict of interest: [if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write 'not applicable'].		
<p>DECLARATION</p> <p>I/we declare that in submitting the Application and this declaration:</p> <p>the information provided is true, accurate and complete and not misleading in any material respect</p> <p>the Application does not contain intellectual property that will breach a third party's rights</p> <p>I/we have secured all appropriate authorisations to submit this Application, to make the statements and to provide the information in the Application and I/we am/are not aware of any impediments to delivering the requirements.</p> <p>I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Application may result in the Application being eliminated from further participation in the Application process.</p> <p>By signing this declaration, the signatory below represents, warrants and agrees that he/she has been authorised by the Supplier to make this declaration on its/their behalf.</p>		

Signature:	
Full name:	
Title / position:	
Name of organisation:	
Date:	

H. ACCEPTANCE			
In signing this Agreement each Party acknowledges that it has read and agrees to be bound by it.			
For and on behalf of PNCC :		For and on behalf of the SUPPLIER :	
_____		_____	
(Signature)		(Signature)	
Name:		Name:	
Position:		Position:	
Date:		Date:	