CTTE SERVICES REQUEST



		A-1	Validation of a test plan			A-2	Technology Performance Validation
		A-3	Renewal of the Technology Fact	Sheet		A-4	Technical modification of a Technology Fact Sheet
		A-5	Modification of a Technology Fac drinking water in case of exceeding parameters to the raw water			A-6	Technology Performance Validation with ETV Canada file
		A-7	UV Technology Performance Val	idation		A-8	Administrative modification of a Technology Fact Sheet
		A-9	Other additional request				
Α	DESIGNATION OF THE COMPANY OR THE ORGANIZATION Name of company or organization: Administrative address of company or organization:						
	Cit	•		Province, state or other:			Postal Code:
	CC	ountry	: Telephone:			E	Ext.: Fax :

		PERSON IN CHARGE OF THE SIGNATURE OF CTTE SERVICE CONTRACT				
espondence language:	English 🗖	French 🗖				
e:			E-mail:			
e of company or organizat	tion:					
e address as $A \Box$ or						
	Prov	ince,				
	state	e or other:		Postal Code:		
ntry:	Tele	phone:	Ext.:	Fax:		
•	e: e of company or organizat e address as A ❑ or	e: e of company or organization: e address as A 🖬 or Prov	e: e of company or organization: e address as A 🗅 or Province, state or other:	e:E-mail:E-mail:E e of company or organization: e address as A or Province, state or other:	e: E-mail:	

С	PERSON IN CHARGE OF INVOICE PAYMENT				
	Correspondence language:	English 🗖	French 🗅		
	Name:			E-mail:	
	Name of company or organization:				
	Same address as $A \Box$ or $B \Box$	lor			
	Address:				
	City:		nce, or other:		Postal Code:
	Country:	Telep	hone:	Ext.:	Fax:

D	TECHNOLOGY DESCRIPTION (Please use the terminology described in document BNQ 9922-200 entitled: Drinking Water and Domestic Wastewater Treatment Technologies — Performance Validation — Administrative Procedure (Technologies de traitement de l'eau potable et des eaux usées d'origine domestique — Validation de la performance — Procédure administrative)*:

With full knowledge of the content of the requirements of CTTE program:

• The client is aware of and commit to respect the terms and conditions of the Information Document:

BNQ 9922-200 Drinking Water and Domestic Wastewater Treatment Technologies — Performance Validation — Administrative Procedure.

• The client agrees to conform to these requirements and provide the BNQ or their representatives any information necessary for the evaluation⁽¹⁾.



- The client attached to this application the payment of the following amount corresponding to <u>the non-refundable</u> <u>deposit for the activity chosen and checked (see Note 2)</u>:
 - A-1 Validation of a test plan: **\$3,092.83** (\$2,690 + GST [5%] \$134.50 + QST [9,975%] \$268.33).
 - A-2 Technology Performance Validation: **\$3,449.25** (\$3,000 + GST [5%] \$150 + QST [9,975%] \$299.25).
 - A-3 Renewal of the Technology Fact Sheet: \$5,334.84 (\$4,640 + GST [5%] \$232 + QST [9,975 %] \$462.84).
 - A-4 Technical modification of a Technology Fact Sheet: \$3,449.25 (\$3,000 + GST [5%] \$150 + QST [9,975%] \$299.25).
 - A-5 Modification of a Technology Fact Sheet in drinking water in case of exceeding the parameters to the raw water: \$4,139.10 (\$4,000 + GST [5%] \$200+ QST [9,975%] \$399).
 - A-6 Technology Performance Validation with ETV Canada file: \$3,449.25 (\$3,000 + GST [5%] \$150 + QST [9,975%] \$299.25).
 - A-7 UV Technology Performance Validation: \$3,449.25 (\$3,000 + GST [5%] \$150 + QST [9,975%] \$299.25).
 - A-8 Administrative modification of a Technology Fact Sheet: \$954.28 (\$830 + GST [5%] \$41.50 + QST [9,975%] \$82.79).
 - A-9 Other additional request: according to current hourly rate.

Note that the above amounts have been calculated using the taxes that apply to businesses in Québec. If your business is located outside of Québec, please contact the BNQ to know the exact amount to be paid.

PAYMENT TERMS

You will find below the method of payment required for this program (by check, credit card [Visa or MasterCard] or by bank transfer).

GST Registration no.: 862834439 RT 0001; QST Registration no.: 1013387857 TQ 0001.

Check or money order (payable to the order of Bureau de normalisation du Québec)

□ Visa □ MasterCard				
Card no.:	(16 digits)	Expiration date:	/	
Security code (3 digits on back of the	card):		Month	Year
Name of Card holder:	☐ Mr. ☐ Ms.		(in ca	pital letters)

Please note that if you wish to pay by bank transfer, it is essential for the BNQ that you send us a NOTICE OF PAYMENT indicating the name of your company in reference to your payment in order to apply your deposit.

Applicant Name (in capital letters)	 Please return this form fully completed to the following address or e-mail: 		
Applicant Signature Company or Organization	Bureau de normalisation du Québec (BNC CTTE Program 333, rue Franquet Québec, Québec G1P 4C7		
Year Month Day	E-mail: secretariat.certification@bnq.qc.ca		

- (1) Please attach all relevant documents with this request as indicated in document BNQ 9922-200. It is understood that BNQ will keep this information strictly confidential.
- (2) The client agrees to pay to the BNQ **a non-refundable deposit**, plus tax, if applicable, to cover **a part of the cost** for the work necessary for the validation, payable upon the signing of this application.

