

1. Company Profile			
Name		Type of Business:	
Address		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier/Distributor <input type="checkbox"/> Contactor <input type="checkbox"/> Other (specify)	
Province/State	Postal/ Zip Code	Country	
Contact Person		Telephone Number	
Title		Fax Number	Number of Years in Business
Email Address		Company Web Site	

2. Product Description (attach product literature, detailed specifications and technical information)			
Product Name		Model/Code No.	Product Category  <input type="checkbox"/> Water Systems <input type="checkbox"/> Sanitary Sewer Systems <input type="checkbox"/> Storm Drain Systems <input type="checkbox"/> Road Systems <input type="checkbox"/> Traffic Control Systems <input type="checkbox"/> Street Light Systems <input type="checkbox"/> Other (specify)
Manufacturer Name		Location of Manufacturing Plant/Foundry	
<b>Manufacturer's Quality Management System</b>		ISO 9001 Certification Y / N	
Certification Number	Certification Body		
Date of Last Certification	Expiry Date of Certification		
Year Introduced	Number of Years Available	Availability of Product	
Product Description (including Warranty)			
Maintenance Requirements		Samples Available For (check all that apply)	
Training Requirements &/or Special Tools or Equipment Required		<input type="checkbox"/> Viewing <input type="checkbox"/> Demonstration <input type="checkbox"/> Testing	

3. Product Application/Function and Special Features	
End Use Function	Features
	Special Features
Approx. Cost	

4. Current Approvals (BC &/or Pacific Northwest only)		
City/Municipality	Contact Person	Phone Number
1.		
2.		
3.		

5. Certified with Current Industry Standards (must specify all applicable sections & include confirming proof of certification)					
Standard	Section	Standard	Section	Standard	Section
<input type="checkbox"/> AWWA		<input type="checkbox"/> ASTM		<input type="checkbox"/> AASHTO	
<input type="checkbox"/> CAN/CSA		<input type="checkbox"/> ANSI		<input type="checkbox"/> CGSB	
<input type="checkbox"/> NSF		<input type="checkbox"/> FM		<input type="checkbox"/> ECOLOGO	
<input type="checkbox"/> Other		<input type="checkbox"/> UL		<input type="checkbox"/> ETV	
Identify suitable category from the City of Victoria's Approved Product List or related alternate category (in MMCD) that your product would fit under:					

6. List Three (3) Major Product Suppliers &/or Distributors (minimum 1)			
Supplier/Distributor Name	City/Location	Contact Person	Phone Number
1.			
2.			
3.			

FOR COV INTERNAL OFFICE USE ONLY		Tracking No.
Product Review Application received	Date	Comments
<b>Is Application Complete (incl. ALL supporting documentation)?</b>		
<input type="checkbox"/> Yes      If YES, proceed to First Stage Review	<b>DATE</b>	<b>COMMENTS</b>
<input type="checkbox"/> No         If NO, contact applicant to discuss		
<b>FIRST STAGE REVIEW</b>		
Does the product meet the City's needs &/or requirements?	<b>DATE</b>	<b>COMMENTS</b>
<input type="checkbox"/> Yes         If YES, proceed to Second Stage Review		
<input type="checkbox"/> No         If NO, contact applicant to inform of decision.		
<b>SECOND STAGE REVIEW</b>		
<input type="checkbox"/> Additional Product Information required	<b>DATE</b>	<b>COMMENTS</b>
<input type="checkbox"/> Product Demo/Sample required		
<input type="checkbox"/> Product Field Test required		
Two (2) Year Probationary Approval <input type="checkbox"/> Granted <input type="checkbox"/> Exempted <input type="checkbox"/> Denied		
Full Approval <input type="checkbox"/> Granted <input type="checkbox"/> Denied		