

CTTE SERVICES REQUEST

- | | |
|---|---|
| <input type="checkbox"/> A-1 Validation of a test plan | <input type="checkbox"/> A-2 Technology Performance Validation |
| <input type="checkbox"/> A-3 Renewal of the Technology Fact Sheet | <input type="checkbox"/> A-4 Technical modification of a Technology Fact Sheet |
| <input type="checkbox"/> A-5 Modification of a Technology Fact Sheet in drinking water in case of exceeding the parameters to the raw water | <input type="checkbox"/> A-6 Technology Performance Validation with ETV Canada file |
| <input type="checkbox"/> A-7 UV Technology Performance Validation | <input type="checkbox"/> A-8 Administrative modification of a Technology Fact Sheet |
| <input type="checkbox"/> A-9 Other additional request | |

A DESIGNATION OF THE COMPANY OR THE ORGANIZATION

Name of company or organization: _____

Administrative address of company or organization: _____
_____City: _____ Province, state or other: _____ Postal Code: _____
Country: _____ Telephone: _____ Ext.: _____ Fax: _____**B PERSON IN CHARGE OF THE SIGNATURE OF CTTE SERVICE CONTRACT**Correspondence language: English French

Name: _____ E-mail: _____

Name of company or organization: _____

Same address as A or _____City: _____ Province, state or other: _____ Postal Code: _____
Country: _____ Telephone: _____ Ext.: _____ Fax: _____**C PERSON IN CHARGE OF INVOICE PAYMENT**Correspondence language: English French

Name: _____ E-mail: _____

Name of company or organization: _____

Same address as A or B or _____

Address: _____

City: _____ Province, state or other: _____ Postal Code: _____
Country: _____ Telephone: _____ Ext.: _____ Fax: _____

