

## **APPENDIX E**

### **VENDOR AND MANUFACTURER** **APPROVAL APPLICATION FORM**

## **VENDOR AND MANUFACTURER APPROVAL APPLICATION FORM**

Please prepare the completed Approval Application Form along with all requested information, and email all documents to the Public Utilities Engineering and Project Management Division as noted below. All documents must be in either PDF or WORD or EXCEL format. Other file formats will not be accepted. Faxes will not be accepted.

[UtilityPlanning@colliercountyfl.gov](mailto:UtilityPlanning@colliercountyfl.gov)

# VENDOR AND MANUFACTURER APPROVAL APPLICATION FORM

Date: \_\_\_\_\_

**A. Application Contact Name & Business:**

\_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

**B. Manufacturer of Product**

\_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

**C. Specific Location(s) of Product Manufacture and Assembly**

\_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

**D. Identify specific County Detail(s) or Specification(s) on which approval is sought.**

\_\_\_\_\_

**E. Is the applicant the product manufacturer? If not, describe the relationship of the applicant to the manufacturer.**

Yes \_\_\_\_\_

No \_\_\_\_\_

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**F. Is the product available through more than one vendor? Describe who will provide sales and service to the County for the submitted product.**

Yes \_\_\_\_\_ No \_\_\_\_\_

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**G. Is the product is manufactured in whole or in part outside of the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**H. If the answer to Item G is Yes, attach copy of ISO 9001 Quality Control current certification certificates for the manufacturer and the point of manufacture.**

**I. How long has the specific product or service being proposed been on the market for public purchase?**

No. of Years \_\_\_\_\_

**J. In the case of applicators or installers, for how long has work been commenced and completed using the specific product or service being proposed?**

No. of Years \_\_\_\_\_

**K. Provide a product or service customer reference list that identifies the organization, location, contact person, email address, phone number, date of first installation, date of completion, number of products used, and the specific application of the product with each reference. Applicators and installers must have at least three references using the specific product or service being proposed.**

**L. Provide a list identifying the public utility departments or organizations that have approved your product. Preference should be given to utility departments within the state of Florida. The list must include a contact name, email address and phone number at each public utility.**

**M. Attach legible copies of pertinent product data sheets, shop drawings and performance data to assist with the County’s review. All information must be submitted with the Application form. Clearly identify what product and product sizes are being proposed. Complete submittals are required with initial application, and supplemental submittals will not be accepted.**

**N. As applicable, provide copies of certifications that specific product being proposed meets the following standards:**

UL Approval attached                      Yes \_\_\_\_\_ No \_\_\_\_\_

FM Approval attached                      Yes \_\_\_\_\_ No \_\_\_\_\_

NSF 61 Approval attached                Yes \_\_\_\_\_ No \_\_\_\_\_

**(NSF 61 approval is mandatory for all products that may be in contact with potable water.)**

**O. Summarize the advantages of the submitted product or service. Provide no more than one page of text.**

**P. Provide estimated unit cost for the submitted product or service.**

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**Q. Provide separate estimated unit costs for the operation and the maintenance of the submitted product or service.**

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**R. Based on the references identified above, identify the anticipated life of the submitted product or service before either replacement or major repair is needed.**

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**S. Explain benefits this application will have to the operation and maintenance of the Collier County Utility system:**

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**The applicant hereby affirms the information provided with this Application Form is complete, accurate and current.**

Submitted by \_\_\_\_\_

Signature \_\_\_\_\_

Firm name \_\_\_\_\_

Date \_\_\_\_\_

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