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**F2 APPLICATION FORM FOR WRAS PRODUCT APPROVAL**

The Water Regulations Approval Scheme (WRAS) approves water fittings and materials that meet the requirements of the Water Supply (Water Fittings) Regulations 1999, The Water Supply (Water Fittings) (Scotland) Byelaws 2014 and The Water Supply (Water Fittings) Regulations (Northern Ireland) 2009.

Water fittings must not waste, misuse, unduly consume or contaminate the water supply.

In order to assess this, fittings are tested against the performance requirements of the Regulators’ Specification and other relevant requirements of the Regulations.

WRAS Approval is granted to fittings that have been examined and found to fully satisfy the requirements of the Scheme.

The information detailed in this application will be used by the Scheme to produce your approval documentation and directory listing if your application is approved. You are therefore required to confirm the accuracy of all information provided by signing the application form.

**It is a requirement that you must notify the Scheme of any changes to the information detailed in this form during the assessment of the product and throughout the period for which the Approval is valid.**

All applications for a WRAS Product Approval must be made on a competed copy of this F2 application form. Ensure all sections are completed, indicating ‘not applicable’ if appropriate. See guidance document “[F2 Guidance on completion (WRAS.Pub-901)](https://www.wrasapprovals.co.uk/approvals/resources_for_applicants1/)” for advice on completing the form.

Please select the boxes below to indicate that you have included all of the information required:

Technical drawings of the product including any backflow arrangements

General assembly drawings of the product showing complete arrangement of technical components. (*Note this may be included in the technical drawing*)

Itemised schematic of full water pathway (*if this is not clear from other drawings provided*)

Installation manuals, where applicable, for all items relating to the application.

*(Installation manuals are applicable if they include technical specifications, safety and performance information)*

A photograph, technical drawing or image of the product identification mark

Representative photograph of the products included in the application\*:

*Do you wish this to be placed in the public domain on the WRAS website?* YESor NO

A completed “F2B – Schedule of Materials for product approvals” *(from the* [WRAS website](https://www.wrasapprovals.co.uk/approvals/resources_for_applicants1/))

Copy of ISO 9001 certificate or equivalent

Correctly signed and dated declarations

All applications for WRAS Approval are subject to the Standard Terms and Conditions of WRAS Approval Schemes amended from time to time (“Standard Terms of Approval”). These are available from the [WRAS Approvals website.](https://www.wrasapprovals.co.uk/approvals/resources/fittings/terms_and_conditions/)

*Please be aware that failure to include any of the items listed above may result in a delay when processing your application. \*Optional but recommended to assist application review.*

**F2 APPLICATION FORM FOR WRAS PRODUCT APPROVAL**

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| **A.** | **APPLICATION CATEGORY** *(Please select one of the boxes below)* | | | |
|  | **First application** |  | |  |
|  | **Re-approval** | **Re-approval of Approval number** | |  |
|  | **Addition to range** | **Current Approval number** | |  |
|  | **Modification** | **Current Approval number** | |  |
| **B.** | **CURRENT MANUFACTURING STATUS OF THE FITTING** | **Production** | **Pre-production** | **Prototype** |
| *Please note pre-production and prototype samples may require additional testing of the production sample before approval is given.* | | |
| **C.** | **NAME AND ADDRESS OF APPLICANT**  *(Note: unless advised otherwise the company name provided here will be that published on the certificate)*  **Company name:**  **Contact Name:**  **Address:**  **Company website:**  **Email address:**  **Telephone number:**  **Mobile number:** | | | |
| **D.** | **CONTACT DETAILS OF THE PERSON APPOINTED BY THE APPLICANT TO BE RESPONSIBLE FOR THIS APPLICATION (“AGENT”), IF DIFFERENT FROM SECTION C.**  **Name:**  **Company name:**  **Address:**  **Email address:**  **Telephone number:**  **Mobile number:** | | | |
| **E.** | **NAME AND ADDRESS OF PRODUCT MANUFACTURER**  *Where approval is sought for products that are manufactured or assembled at more than one site, please list all of the manufacturing sites or assembly plant addresses.*  **Site 1 Site 2 (if applicable) Site 3 (if applicable)**   |  |  |  |  | | --- | --- | --- | --- | | **Company name:**  **Address:** |  |  |  |   Should the manufacturer(s) be included on approval? Please indicate: YESor NO | | | |
| **F.** | **CONTACTS FOR CORRESPONDENCE**  **Pre-approval application stage**  All contact and/or correspondence should be directed toward the person named in:  Please tick as appropriate Section C or section Dor section E  *(Select one box only)*  **Approval Decision**  All communication regarding the Approval Decision should be sent for the attention of the person named at the address given, in:  Please tick as appropriate Section C or section D  *(Select one box only)*  Any other correspondence after the approval will be directed to the ‘Applicant’ named in section C. | | | |
| **G.** | **TYPE OF WATER FITTING FOR WHICH APPROVAL IS SOUGHT**  *Please state the generic product type e.g. Tap, WC, Water meter, pump, Washing Machine, Gate Valve etc.*  **Does the design incorporate a backflow prevention device / arrangement?** YESNO  If yes, indicate all levels of protection that apply:  Fluid category 2  Fluid category 3  Fluid category 4  Fluid category 5  Description of backflow prevention arrangement: | | | |

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| **H.** | **PRODUCT DETAILS**  State all model numbers, product names and product codes for which Approval is sought. (*Note that the information provided here will form the basis of any subsequent approval documentation).*   * For **modifications** please identify which product is being modified. * For **additions** please identify the models being added. * For approvals with multiple models (in excess of 10) a separate list may be submitted as an appendix, if it is signed, dated. This must be presented in the same format as in the table below and titled “**Section** **H Appendix”** and be referenced in the table below. * For fittings that have a range of maximum working pressures please include additional details. (e.g. plastics plumbing pipes for hot and cold-water use might be: 12.5 bar @ 20°C; 6 bar @ 95°C; 3 bar @ 105°C).   **The scheme does not grant approvals for generic model names i.e. Brass compression fitting**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Model Code/Number** | **Product Name** | **Description** | **Connection Size** | **Max Working Pressure (bar)** | **Max Operating Temperature (°C)** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Additional information.** (list any further information regarding the product or range, e.g.: key for model code, prefix/suffixes describing finishes, variants of operating member, etc.) |

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| **J.** | **DESCRIPTION OF PERMANENT MARKINGS PRESENT ON FITTING, E.G. COMPANY LOGO**  Include a photograph (JPEG) or technical drawing of marking (PDF format) as an attachment. If this is your company Trademark /logo, do you give permission for this to be placed in the public domain on the WRAS website?YESor NO  **Location of marking, e.g. on valve body, laser etched on cover:**  **Indicate whether any of the marking is likely to change during the lifetime of the approval, e.g. date of manufacture or cast or ID numbers:** |
| **K.** | **QUALITY ASSURANCE**  It is a requirement of the WRAS Terms and Conditions of an approval that the Applicant implement suitable quality assurance methods / Factory Production Control (FPC). Please include a copy of your ISO 9001 certificate. If you do not have this certification (or equivalent) detail the mechanism used to ensure the continued quality of production is ensured. |
| **L.** | **AUTOMATIC OPERATIONAL FLUSHING FUNCTION** |
|  | An automatic operational flushing function is a programmable function of a device (excluding urinal flushing) which is solely provided for the purpose of maintaining water quality by automatically flushing the fitting at pre-set intervals, without the need for an operator to be present.  For the purposes of WRAS approvals, products which incorporate an operational flushing function may be granted. However, installers, building owners and manufacturers must be aware that any proposed installation of these products in non-household premises must be notified.  A WRAS approval, does not guarantee consent to install will be granted. Water companies retain absolute discretion in assessing whether a product is compliant with the Regulations and may consider products which incorporate an operational flush function as being not suitable for the circumstances used [see regulation 4 (1) (b)].  Products meeting the requirements of the scheme that incorporate an operational flush function, may be granted with an IRN and note applied to the approval with the following wording:  “*This product may not comply with the requirements of regulation 4(1)(b). Consult your local water undertaker prior to installation*”  **Do any of the products listed in this application include an operational flushing function?**  Please select as appropriate: Yes  or No  If yes, an additional form F7 must also be completed and submitted with this application. Copies of this form can be downloaded from the [WRAS Approvals website](https://www.wrasapprovals.co.uk/approvals/resources_for_applicants1/) |

**F2 DECLARATION**

**I / we, the Applicant named in section C of this F2 Form, declare as follows:**

1. I/we have read and understand and accept the terms applicable to applications for WRAS Approval as set out in the [Standard Terms of Approval](https://www.wrasapprovals.co.uk/approvals/terms_and_conditions/) and agree to comply with the Requirements and [Code of Practice for WRAS Approvals](https://www.wrasapprovals.co.uk/approvals/terms_and_conditions/);
2. I/we confirm that where a WRAS Material Approval number or BS6920 test report is included in this application, the material used in the product remains identical to the material tested or the currently approved WRAS material. No ingredients have been added, directly or indirectly during the manufacturing process and the material has not been modified in any way.
3. I/we confirm, that where any BS6920 test report submitted is over two years old, that no changes to recipe, site or method of manufacture or supplier of raw ingredients/material have been made.
4. Unless otherwise indicated in the Schedule of Materials submitted with this application, I/we confirm that where a component is manufactured from Polyphenyleneoxide (PPO), Polyphenylene Ether (PPE) or Polyoxymethylene (POM), the component has a wetted surface area of less than 3,000mm².
5. If our product(s) seeking approval should fall under the scope of the following legislation: *GB Biocidal Products Regulation,* I/we acknowledge that it is our sole responsibility to ensure that compliance with this has been met and that WRAS are not responsible for confirming this. Where our product(s) fall under this legislation we will declare this within the application. I/we understand that WRAS may draw attention to the fact that the product(s) fall under the *GB Biocidal Products Regulation* within the approval listing.
6. I/we warrant the accuracy and completeness of all information contained in this Form F2 and any other information now or subsequently provided by me/us and/or our Agents to WRAS and/or the relevant test facility in pursuance of this application and confirm that none of this information is or may be construed as misleading in any way.
7. The Agent whose details are set out in section D of this Form F2 is duly authorised to represent and answer all queries on behalf of the Applicant in relation to this application. I/we, the Applicant, agree to ratify all acts and omissions of the Agent in connection with this application and to indemnify WRAS for any losses incurred as a result of any breach of the Standard Terms of Approval by the Applicant and/or our Agent(s).

**Signed**:

**Name**:

**Position in company**:

**Date***:*

***Important Note:*** *This declaration should be signed by a director or an authorised permanent employee of the Applicant.*

*An agent appointed by the applicant may sign on behalf of the Applicant* ***only*** *if a separate declaration is provided by the applicant on company headed paper. The declaration must be signed by a director, or authorised employee of the Applicant, and state:*

***“****I/we declare that the signatory on the F2 form, (agents name and company), is an individual who is authorised to execute a binding document on behalf of the applicant, i.e. an authorised signatory. I/we understand that if there are any errors/omissions/inaccuracies contained within the application signed by ‘agents name and company’, then the approval granted will be invalidated*”

Note: additional copies of this form can be downloaded from the [WRAS website.](https://www.wrasapprovals.co.uk/approvals/resources_for_applicants1/)

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| **F2 APPENDIX B: SUMMARY OF AMENDMENTS** | | | WRAS use only | |
|  |  |  | Date Received |  |
| Testing Laboratory |  |  | Date Entered |  |
| Contact |  |  |  |  |
|  |  |  | Approvals Assessor |  |
| **Sample Number** |  |  | **Application No.** |  |
|  | | | |  |

All changes made to this F2 application form **after** the initial submission to WRAS must be recorded on this summary form. This record provides assurance that only the amended pages provided to WRAS have been changed.

Each revision listed must be accompanied by an authorised record amendment form (appendix C) completed by the Applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Amended**  **(Section letter / page number)** | **Revision Number** | **Date** | **Summary of change** | **Authorised by** | **Verified by Submitter (e.g. test Lab.)** |
| - | 0 | {date Submitted} | Initial Application | {Applicant} | {Lab Account Manager} |
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**F2 APPENDIX C: RECORD AMENDMENT FORM**

To be used for correcting and recording changes to the F2 Application Form.

This shall be signed by the Applicant or authorised Agent for the application and presented with the amended pages. The amended pages must indicate the Revision number in the appropriate column and the Revision Summary (appendix B) must be updated to reflect this amendment.

Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Document with record to be changed:

Revision number of the changed pages:

Reason for Change(s):

Change(s) Made:

Change(s) Made by (sign):

Change(s) Made by (print):

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

**F2 APPENDIX D: INVOICING INFORMATION**

**Indicate if the application will be submitted:**

Directly to WRAS or

By Test Laboratory / Agent

|  |  |
| --- | --- |
| *APPLICANT’S ACCOUNTS INFORMATION MUST BE PROVIDED IN THIS SECTION* | |
| NOTE: Completion of this section does not guarantee an approval will be granted.  An invoice will be issued when the application has been processed.  NOTE: When making payments please include the WRAS invoice number as a reference against the payment to ensure our accounts department can allocate the payment correctly | Terms:  1. Payment to be within 30 days from date of invoice  2. All payments should be made in great British Pounds Sterling  3. Any bank charges incurred (including currency conversion) must be paid by the applicant. WRAS will not accept charges.  FAILURE TO ADHERE TO THESE TERMS WILL RESULT IN WITHDRAWAL OF THE APPROVAL |
| ACCOUNTS DEPARTMENT CONTACT NAME:  (if the invoice is to be issued to a different person to the contact named in section C) |  |
| Email ADDRESS: |  |
| TELEPHONE: |  |
| Company Name & Address to appear on Invoice |  |
| PURCHASE ORDER NUMBER (where applicable): |  |
| COMPANY VAT NUMBER (where applicable): |  |

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| --- | --- | --- | --- |
| **FOR WRAS USE ONLY:** |  | |  |
| WRAS Approval: | | |
| Choose an item. | | **VAT Choose: :** | **TOTAL:** |