

## APPLICATION FOR CERTIFICATION OF EXCESS FLOW AUTOMATIC GAS SHUTOFF VALVE (EFV)

Certification form to be completed for each valve by the manufacturer of the automatic gas shutoff valve.

Submit completed form, with a \$1,000 certification fee for each valve (payable to Division of the State Architect) to:  
DSA, 1102 Q Street, Suite 5100, Sacramento, CA. 95811-6550  
ATTN: Gas Shutoff Valve Certification Program.

FOR DSA USE ONLY

Certification No.:

### APPLICATION INFORMATION

|  |             |      |
|--|-------------|------|
| Manufacturer:                                    |             |      |
| Work Address:                                    |             |      |
| City:  | State:      | Zip: |
| Work Phone:                                      | Work Fax:   |      |
| Application is hereby made for certification of: |             |      |
| Valve Model No.:                                 | Valve Size: |      |

### TESTING

|  |              |      |
|--|--------------|------|
| Testing Laboratory:                              |              |      |
| Work Address:                                    |              |      |
| City:  | State:       | Zip: |
| Work Phone:                                      | Work Fax:    |      |
| Verification No. (Qualified Testing Laboratory): |              |      |
| Test Report No.:                                 | Date Tested: |      |
| Tested By (Qualified Testing Person):            | Title:       |      |

### PRODUCTION INSPECTION

|   |           |      |
|---|-----------|------|
| Inspection Service Agency:                              |           |      |
| Work Address:   |           |      |
| City:   | State:    | Zip: |
| Work Phone:   | Work Fax: |      |
| Verification No. (Qualified Inspection Service Agency): |           |      |
| Inspection Schedule:                                    |           |      |

### PROPOSED LABEL

|        |
|--------|
| By:    |
| Title: |
| Date:  |