

## 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: Division of the State Architect, 1102 Q Street, Suite 5100, Sacramento, CA 95811-6550, ATTN: Gas Shutoff Valve Certification Program.

FOR DSA USE ONLY
Certification No.:

### APPLICATION INFORMATION:

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

### TESTING:

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

### PRODUCTION INSPECTION:

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

### PROPOSED LABEL:

<p style="text-align: right;">By: _____</p> <p style="text-align: right;">Title: _____</p> <p style="text-align: right;">Date: _____</p>
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