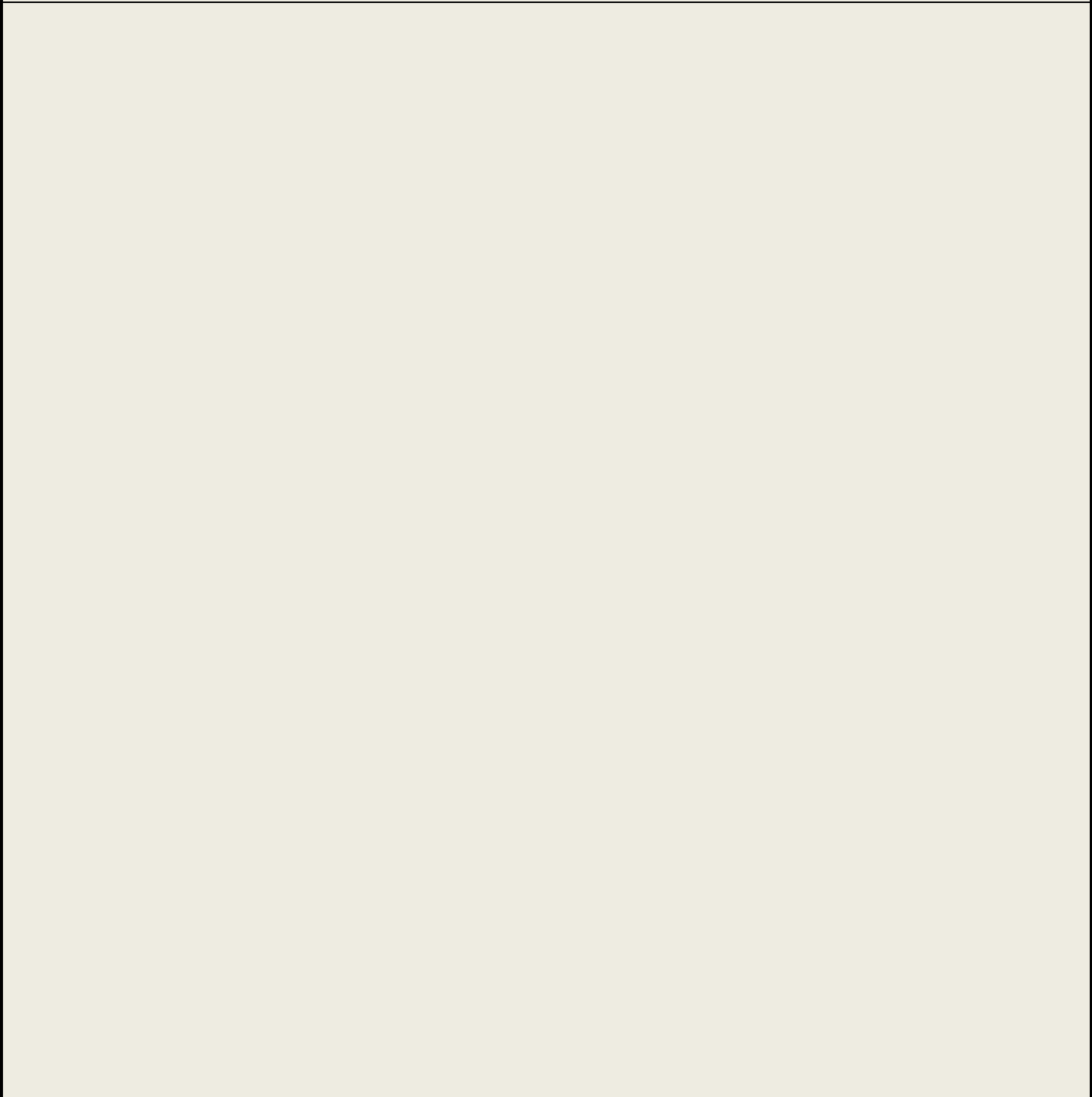


RPZ Valve: Application to Install / Relocate / Replace

Please note: It is a requirement of the [Approved Installation Method \(AIM\)](#) that prior notice shall be given, and consent sought for the installation, relocation, alteration, extension, change of use or removal of all RPZ Valves. Installing without consent could result in enforcement action. Failure to provide the required details may delay consent. Please send completed application to RPZ@yorkshirewater.co.uk

Person Seeking Consent: Email: Company Name and Address (where RPZ is to be installed): Telephone No: Email: Has the Risk been Identified as Fluid Category 4: <input type="checkbox"/> YES <input type="checkbox"/> NO		Person who will be Responsible for the RPZ Valve: Telephone No: Email: Date of Application: Proposed Installation Date: Reason for Application: <input type="checkbox"/> New installation <input type="checkbox"/> Relocation of RPZ valve <input type="checkbox"/> Replacement of RPZ valve	
Location of RPZ Valve on site: Sub Location of RPZ Valve: Manufacturer of RPZ Valve: Model of RPZ Valve: Size: Serial No:		*Replacement Valves Only: REG No: Existing Valve Details: <ul style="list-style-type: none"> • Date of last test: • Manufacturer: • Model: • Serial number: • Size: 	
		Change of Test Date Request: <input type="checkbox"/> YES <input type="checkbox"/> NO	Requested Test Date:
Method of Supply <input type="checkbox"/> MAINS <input type="checkbox"/> STORAGE <input type="checkbox"/> COLD WATER <input type="checkbox"/> HOT WATER			Schematic/Diagram Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Plant/Equipment to be Supplied via RPZ Valve: Type: Manufacturer: Model:			Proposed Use (swilling etc):
Names/Concentrations of any Chemicals or Substances Downstream of the RPZ Valve:		Safety Data Sheets Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Arrangement Type: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	
Water Industry Approved Contractor: <input type="checkbox"/> YES <input type="checkbox"/> NO		Company seeking Consent (if different from above):	
Approved Contractor Name:		Address (if different from above):	
Scheme Name:	Membership No:		
Approved Contractor Signature:		Post Code: Telephone No: Email:	
Additional Information:			

Please provide a sketch/diagram of the proposed installation showing the RPZ Valve, its component fittings, measurements (e.g. height, distance from wall, in front of RPZ valve) and the plant/equipment which is supplied downstream.



WATER UNDERTAKER USE ONLY

Date Received:	Consent refused: <input type="checkbox"/> YES <input type="checkbox"/> NO	Conditions Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Consent Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO	Consent Ref No:
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Comments and Conditions: