Application form DKW8
Plastics piping systems for Cold: Drinking water

kiwa

General data (conform Chamber of commerce)	
Name organisation	
Contact person	Mr. / Mrs. / Ms.
Position [1]	
E-mail	
Address	
Zip code and city	
Mailing address (if different)	
Telephone / Fax	
E-mail	
Website	
Chamber of commerce nr.	
VAT nr.	
External consultant	☐ None ☐ Organisation……………… Name consultant………………………………
How do you know Kiwa?	☐ Website ☐ Social media etc. ☐ Consultant ☐ Other: …………………...

1)   Not applicable in case you are an existing customer of Kiwa

Specific product information			
☐ Initial certification	☐ Extension	☐ Take over	☐ Type testing
☐ Other:	☐ Recertification (end date certificate) :	☐ Other:	
Description application: see enclosed annex C (will be part of the quotation)			

Other
Construction drawings Test reports

Planning	
In which period would you like the audit to take place?	

Please send this form to or UnitPlasticPipingSystems@kiwa.nl by mail or e-mail. After receipt we will contact you as soon as possible.

Annex C: Application form for cold drinking water plastic piping systems:

General:

Application For: Drainage PipingSystem or installation process:	Desired approval:	Field of application:
Commercial name	☐ Kiwa	☐ Pipes
	☐ DVGW	☐ Fittings
	☐ WRAS	
	☐ UNI	

Certificate in:	☐ Dutch	☐ English
Official correspondence in:	☐ Dutch	☐ English

Requests Quotation before date: …………………

Dimensions:

Diameter (mm)	Wall thickness (mm)

Pipes:

Pipe construction	Material (type material / supplier)	Producer	Kiwa certificate?
Solid wall pipe			

Production location (if different from producer):

Fittings:

Jointing technique	Material (type material / supplier)	Producer	Kiwa certificate?
Fitting Rubber seal			

Production location (if different from producer):

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