



## New Certified Product Notification Form

# WaterSense® Labeled Flushing Urinal

**EPA WaterSense Program Partners:** Please complete and submit this form within two weeks of notification from a certifying body that your product or product model has received the WaterSense label. By submitting this form, the manufacturer partner agrees to continue to uphold the requirements of its manufacturer partnership agreement.

### Section I: General Information

Manufacturer Name: \_\_\_\_\_  
(This name should match what is on the certification file for WaterSense labeled flushing urinals and your EPA partnership agreement.)

Contact Name (for questions from the EPA WaterSense Team regarding this form)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section II: Certification Information (This information will not be posted on the WaterSense Web registry.)

Name of Certifying Body: \_\_\_\_\_ Certification File Number: \_\_\_\_\_

### Section III: Product Information (This information will appear on the WaterSense Web registry. Please only include information purchasers will see on product packaging.)

Instructions:

- Please only include information for one product type per line. Indicate the product type and flushing device (if applicable) for each product model.
- Check "Urinal System" if you sell a urinal as a complete system (i.e., both the fixture and flushing device) under a single model number.
- Check "Urinal Flushing Device" if the product, which can be either a pressurized flushing device or flush tank (gravity type) flushing device, is sold independently of the urinal fixture.
- Check "Urinal Fixture" if the product is the china/plastic/stainless steel piece only and is sold independently of the urinal flushing device.
- The rated flush volume is the product's maximum flush volume, as specified by the manufacturer, verified through testing, and in compliance with the WaterSense Specification for Flushing Urinals. Include the rated flush volume for each product model and type.

Product					
Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
		<input type="checkbox"/> Urinal system <input type="checkbox"/> Urinal flushing device <input type="checkbox"/> Urinal fixture			<input type="checkbox"/> Pressurized flushing device <input type="checkbox"/> Flush tank (gravity type) <input type="checkbox"/> Not applicable

Submit this form (rewriteable PDF) to WaterSense via:

Fax: (703) 841-1440

Mail: WaterSense, c/o ERG, 2300 Wilson Blvd., Suite 350, Arlington, VA 22201

Electronically: If you have Adobe Acrobat Standard or Professional, you can fill out the form electronically and e-mail it to: [watersense@epa.gov](mailto:watersense@epa.gov). Acrobat Reader users must print forms after completing and fax or mail them. Contact the WaterSense Helpline at (866) 987-7367 if you have any questions.

Product					
Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
		<input type="checkbox"/> Urinal system <input type="checkbox"/> Urinal flushing device <input type="checkbox"/> Urinal fixture			<input type="checkbox"/> Pressurized flushing device <input type="checkbox"/> Flush tank (gravity type) <input type="checkbox"/> Not applicable
Product					
Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
		<input type="checkbox"/> Urinal system <input type="checkbox"/> Urinal flushing device <input type="checkbox"/> Urinal fixture			<input type="checkbox"/> Pressurized flushing device <input type="checkbox"/> Flush tank (gravity type) <input type="checkbox"/> Not applicable
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Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
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Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
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Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
		<input type="checkbox"/> Urinal system <input type="checkbox"/> Urinal flushing device <input type="checkbox"/> Urinal fixture			<input type="checkbox"/> Pressurized flushing device <input type="checkbox"/> Flush tank (gravity type) <input type="checkbox"/> Not applicable
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Brand Name	Model Name	Product Type (Please check one)	Model Number	Rated Flush Volume (gal)	Flushing Device Type
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Please copy this side and submit additional sheets as needed.