

Section I - Company Information		
NAME OF BUSINESS		Contact Person
BUSINESS MAILING ADDRESS		
TELEPHONE () -	FAX () -	EMAIL
Section II – Local Contact Information - San Francisco Bay Area		
NAME OF LOCAL REPRESENTATIVE (if different from above)		Contact Person
BUSINESS MAILING ADDRESS		
TELEPHONE () -	FAX () -	EMAIL
Section III – Equipment Information (Include Brochure, Manuals, Datasheets, etc.)		
MAKE / BRAND NAME		MODEL (Complete separate form for each model)
AMALGAM SEPARATOR TECHNOLOGY (Check all that apply)		
<input type="checkbox"/> FILTRATION	<input type="checkbox"/> SETTLEMENT	<input type="checkbox"/> ION EXCHANGE <input type="checkbox"/> CENTRIFUGE
IS UNIT CURRENTLY ISO-11143 CERTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES Certificate Date: _____		
(Attach test certificate & lab report for the ISO-11143 certification test)		
ARE CURRENT UNITS YOU SELL THE SAME AS WHAT WAS ISO-11143 TESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If "No", please explain:		
FOR USE WITH WHAT TYPE OF VACUUM PUMP? (Attach installation manual and diagrams showing typical arrangements)		
CAPACITY (No. of Chairs Served)		MAXIMUM FLOWRATE (liters/minute or gallons/minute)
LOCATION <input type="checkbox"/> CHAIR SIDE <input type="checkbox"/> CENTRAL VACUUM		
SIZE (HEIGHT, LENGTH, WIDTH, WEIGHT) H = _____ L = _____ W = _____ WT = _____ lbs (Empty)		
ELECTRICITY REQUIREMENTS <input type="checkbox"/> 110 V <input type="checkbox"/> 220 V <input type="checkbox"/> None		
APPROXIMATE COST OF PURCHASE (Incl Delivery to 94102)		RECOMMENDED MAINTENANCE (Attach details)
Section IV – Support Services		
DO YOU PROVIDE ON-SITE SEPARATOR INSTALLATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PROVIDE ON-SITE SEPARATOR MAINTENANCE SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PROVIDE AMALGAM WASTE DISPOSAL SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.		
SIGNATURE OF RESPONSIBLE OFFICIAL		DATE / / 2011
TITLE OF RESPONSIBLE OFFICIAL		TELEPHONE e-mail

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT: Tom Barron (925) 283-8121 or tsbarron@attglobal.net

Previous edition of the San Francisco Amalgam Separator List: <http://www.baywise.org/resourcesforbusinesses/dentalofficeresources.aspx>

MAIL THE COMPLETED FORM & ATTACHMENTS TO – Thomas Barron, BAPPG, 3351 Beechwood Drive, Lafayette, CA 94549