

## Vendor Information Form

<b>Company Name</b>		<b>Key Contact Name</b>	
<b>Phone Number</b>		<b>Key Contact E-mail</b>	
<b>E-mail</b>		<b>Key Contact Phone</b>	
<b>Address</b>			
<b>Arsenic Treatment Technologies</b>			
<i>In the space provided, describe the arsenic treatment technologies that your firm provides. List NSF certifications, expertise required to operate the unit, and the type of residual produced.</i>			
<b>Treatment Description</b>	<b>NSF Certification</b>	<b>Operator Expertise Required</b>	<b>Residuals Generated</b>
<b>Units Currently in Place</b>			
<i>In the space below, provide examples of arsenic treatment units that you have installed, if any. Briefly describe the type and size of the unit and the size and type of system at which the unit was installed. Please also provide system contact information.</i>			
<b>Water System</b>	<b>Contact Info (Name/Phone)</b>	<b>System Size (pop., service connections, design flow)</b>	<b>Describe Treatment Installed (including dates of installation)</b>
<i>Do you pilot test units prior to installation?</i>			
<i>Do you provide start-up services and technical assistance?</i>			
<i>Do you provide a maintenance contract?</i>			

*Please return this form to:*