



City of Los Angeles
Mechanical Testing Laboratory

(Check one)
 GENERAL APPROVAL
 ONE-TIME APPROVAL

APPLICATION FOR TESTING OR EVALUATING MECHANICAL EQUIPMENT

1. APPLICATION NUMBER <i>(Previously RR - 5683) M-140038</i>	2. STATUS (CHECK APPLICABLE BOX) <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Tech-mod <input checked="" type="checkbox"/> Reopen <input type="checkbox"/> CM
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3. APPLICANT INFORMATION:			
NAME OF COMPANY <i>QUANTUMFLO, INC.</i>		AUTHORIZED REPRESENTATIVE <i>DAVID P. CARRIER</i>	E-MAIL ADDRESS <i>DAVE@QUANTUMFLO.COM</i>
STREET ADDRESS <i>210 SPRINGVIEW COMMERCE DR.</i>		AUTHORIZED SIGNATURE <i>[Signature]</i>	DATE <i>7/21/14</i>
CITY <i>DE BARY</i>	STATE <i>FL</i>	ZIP + 4 <i>32713</i>	TELEPHONE NUMBER / 800- <i>386-753-9702</i>
FAX / 800- <i>386-753-9703</i>			

4. DESCRIPTION OF EQUIPMENT TO BE EXAMINED:		5. SEND COPIES OF CORRESPONDENCE TO MY AGENT BELOW (OPTIONAL):	
EQUIPMENT DESCRIPTION <i>DOMESTIC WATER BOOSTER PUMPS</i>	MODEL DESIGNATION <i>GENIUS E, GENIUS V, WISPERFLO, ATOM PRODIGY</i>	AUTHORIZED AGENT'S COMPANY NAME	NAME OF AGENT
MANUFACTURER NAME <i>QUANTUMFLO, INC.</i>		STREET ADDRESS	
ADDRESS / PHONE (if available)		CITY	STATE
		TELEPHONE NUMBER / 800-	FAX / 800-
		ZIP	

6. FOR EQUIPMENT TO BE TESTED IN THE LABORATORY:		7. FOR EQUIPMENT TO BE TESTED IN THE FIELD:	
RETURN SAMPLE TO: (COMPANY NAME)	RECEIVER'S NAME - PAY C.O.D.	NAME OF COMPANY	
STREET ADDRESS (P.O. Box is not acceptable)		JOB SITE ADDRESS	
CITY	STATE	TELEPHONE NUMBER / 800-	NAME OF CONTACT PERSON
ZIP CODE			

8. INSTRUCTIONS :

9. FOR RENEWAL APPLICATION ONLY (TO BE COMPLETED BY FACTORY ENGINEER)

Is Product changed in any way? Yes NO If Yes, describe changes in a supplementary letter and send sample for evaluation.

NAME OF FACTORY ENGINEER: _____ SIGNATURE: *[Signature]*

10. Return completed application with check payable to: *The Department of Building and Safety, City of Los Angeles*

MECHANICAL TESTING LABORATORY
201 N. Figueroa Street, Suite 880
Los Angeles, CA 90012 TEL. (213) 482-0414

<input checked="" type="checkbox"/> LAB <input type="checkbox"/> FIELD <input type="checkbox"/> RESEARCH REPORT <input type="checkbox"/> NO RE-EXAM Verified by: <i>MAJ</i> Date: <i>7/21/14</i> NOTES:	INITIAL EXAMINATION	1153	00	FOR CASHIER USE ONLY LA Department of Building and Safety LA 0003 103044250 7/21/2014 1:07:42 PM GEN APPROV & TEST \$1,153.00 SYSTEMS DEV SURCH \$69.18 ONE STOP SURCH \$33.06 Sub Total: \$1,245.24 Receipt #: 0103323195
	RENEWAL			
	TECHNICAL MODIFICATION			
	CLERICAL MODIFICATION			
	REOPENING FILE			
	FIELD MILEAGE			
	MULTIPLE LISTING			
	EXPEDITE /OFF-HOUR TESTING			
	SUPPLEMENTAL FEE			
	SUBTOTAL	1153	00	
ADD 2% SURCHARGE	23	06		
ADD 6% SURCHARGE	69	18		
TOTAL FEE DUE	\$1,245	24		