

APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

First Name: _____ Last Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Ph#: (____) _____

Email Address: _____

1. Have you successfully completed a minimum forty (40) hour course of instruction covering the theory, design, performance and testing of backflow prevention assemblies?

YES NO

If you answered "yes" to the above question, please provide the following information:

A. Course Title: _____

B. Instructor: _____

C. Completion Date: _____

D. City and State: _____

2. Have you successfully completed a written examination and performance evaluation covering the theory, design, performance and testing of backflow prevention assemblies within the past three (3) years?

YES NO

If you answered "yes" to the above question, please provide the following information:

A. Organization: _____

B. Evaluator: _____

C. Completion Date: _____

D. City and State: _____

3. Are you currently certified as a Backflow Prevention Assembly Tester by another agency?

YES NO Issued by (attach copy): _____

4. Provide the following information for the test equipment you will be using:

A. Differential Gauge - Make: _____ Model: _____

Serial No.: _____ Last Calibration Date: _____/_____/_____

5. Do you own the test equipment?

YES NO If "NO" list owner and address: _____

6. Identification Card Information:

A. Birth date : ____/____/____
B. Height : _____
C. Weight : _____
D. Hair Color: _____
E. Eye Color : _____

7. I certify the above information is true. _____
Signature of Applicant

City Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By: _____ Date: ____/____/____
Classification: <input type="checkbox"/> General <input type="checkbox"/> Limited	Total Fee: \$_____ Receipt No.: _____
Certificate No.: _____	Expiration Date: ____/____/____
Comments: _____ _____ _____	