

## Application for Registration as a Commercial Cross Connection and Backflow Prevention Tester

Name: \_\_\_\_\_ Phone (Res): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

**If self-employed, please provide a copy of business license.**

Present Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Bus): \_\_\_\_\_ Fax: \_\_\_\_\_

### FIRST TIME REGISTRATION

Complete this section and provide the following if this is your first time applying for registration:

A copy of your Cross Connection Control Specialist Certificate issued by the AWWA Western Canada Section or approved equivalent.

Trade (if applicable): \_\_\_\_\_

Journeyman Certificate Number: \_\_\_\_\_

### RENEWAL OF REGISTRATION

Complete this section and provide the following if you are renewing your registration:

Testers AWWA Certificate Number: \_\_\_\_\_

Expiry date of last Registration: \_\_\_\_\_

Indicate the number of backflow prevention devices tested in last 12 months:

RP: \_\_\_\_\_ DCVA: \_\_\_\_\_ PVB: \_\_\_\_\_

List serial numbers of six backflow prevention devices tested in last 12 months:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

All information on this application is correct and true to the best of my knowledge. I have received and read the "Instructions for Registration" dated January 5, 2005 I understand my responsibilities and agree to follow all instructions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Approved: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_