

**City of Moose Jaw, Engineering Department**

Cross Connection Control Program

228 Main St. N

Moose Jaw, SK

Phone: (306) 694-4465

Fax: (306) 691-0292

**Application for Registration as a Non-Commercial Cross Connection  
and Backflow Prevention Tester**

Tester's Name: \_\_\_\_\_

Company Applying \_\_\_\_\_

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

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

Tester's Phone (Bus): \_\_\_\_\_ Tester's Fax: \_\_\_\_\_

Tester's Occupation: \_\_\_\_\_

Type and number of Backflow Prevention Devices on Premises: \_\_\_\_\_

**FIRST TIME TESTER REGISTRATION**

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

- X A copy of your Cross Connection Control Specialist Certificate issued by the AWWA Western Canada Section or approved equivalent.
- X Trade (if applicable): \_\_\_\_\_
- X Journeyman Certificate Number (if applicable): \_\_\_\_\_

**RENEWAL OF TESTER REGISTRATION**

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

- X Tester's AWWA Certificate Number: \_\_\_\_\_
- X Expiry date of last Registration: \_\_\_\_\_
- X Indicate the number of backflow prevention devices tested in last 12 months:  
RP: \_\_\_\_\_ DCVA: \_\_\_\_\_ PVB: \_\_\_\_\_
- X 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 all instructions for Registration as a Non-Commercial dated January 5, 2005. I understand my responsibilities and agree to follow all instructions.

- X Signature of Applicant Tester: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY CORPORATE SIGNING OFFICER:**

On behalf of \_\_\_\_\_, I apply for \_\_\_\_\_

Company Name

Tester's Name

to be registered as a Non-Commercial Cross Connection and Backflow Prevention Assembly Tester for my company's facilities only in Moose Jaw. I read the all Instructions for Registration and accept responsibility for all testing undertaken by my applicant for devices so tested in my Moose Jaw facilities.

Signature of : \_\_\_\_\_

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

Title of Corporate Signing Officer: \_\_\_\_\_

For office use only:

Approved: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The City of Moose Jaw and you ....  
partners in safe drinking water.