



## APPLICATION FOR A BACKFLOW PREVENTION DEVICE TESTER CERTIFICATE

Applicant Name \_\_\_\_\_  
 Home St. Address, City, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

**PRESENT EMPLOYMENT**

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 St. Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Type of Work \_\_\_\_\_

**EXPERIENCE, EDUCATION, TRAINING IN CROSS-CONNECTION AND BACKFLOW**

- ▶ **Current backflow certifications:**
  - Organization \_\_\_\_\_ License # \_\_\_\_\_
  - Organization \_\_\_\_\_ License # \_\_\_\_\_
  - Organization \_\_\_\_\_ License # \_\_\_\_\_
  
- ▶ **Education and training courses successfully completed:**
  - Institution Name \_\_\_\_\_
  - Course Name \_\_\_\_\_ Date Completed \_\_\_\_\_
  
- ▶ **California Contractor's License # (if any)** \_\_\_\_\_
  
- ▶ **Provide verification that test equipment has been calibrated within the last 12 months.**

**CERTIFICATION DESIRED** (check one)

- GENERAL CERTIFICATE – Commercial testing of any backflow device.
- RENEWAL – Recertification is required periodically by the County Environmental Health Division.

----- **FOR EHD USE ONLY** -----

Date	Time	Device	Ser. #	Chk #1	Chk #2	RVO	AIO	AP
		D.C.						
		R.P.						
		P.V.B.						
		S.V.B.						

**CERTIFICATION APPROVED BY R.E.H.S.** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Date Recd \_\_\_\_\_ Recd by \_\_\_\_\_ Amt Recd \_\_\_\_\_ Rcpt # \_\_\_\_\_  
 Check # \_\_\_\_\_ Date new card mailed \_\_\_\_\_