



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 _____
 Institution Name _____
 Course Name _____ Date Completed _____
 Institution Name _____
 Course Name _____ Date Completed _____

▶ **California Contractor's License # (if any)** _____

CERTIFICATION DESIRED (check one)

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

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

Date	Time	Device	Ser. #	Chk #1	Chk #2	RVO	AIO	AP

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