



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION

- PAID (Attach receipt)
EXEMPT

P.O. Box 667 ♦ 1 Plaza ♦ Patterson, CA 95363

209.895.8060 / voice ♦ 209.895-8069 / fax
www.ci.patterson.ca.us

Application PLEASE NOTE: (Please allow three (3) working days to process this application. Upon City approval, you will have the right to perform work in the city right-of-way.)

Application Date: Certificate No: Expiration Date:

Name:
Mailing Address:
City: State Zip
Phone: Fax: Cell:

1. Are you currently certified as a Backflow Prevention Assembly Tester by an approved entity such as the American Water Works Associations?
2. Do you wish to be listed as available for hire to the general public for testing?
3. Please provide the following information relative to the test equipment that is at your disposal for Backflow prevention assembly testing:
A. Differential Gauge: Manufacturer: Model: Serial Number: Calibration Date:
B. Owner of Equipment: Company: Contact Person: Mailing Address:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE:
Signature of Tester Applicant/Date

For Office Use Only
Fee: \$ Date: A/R No.:
AWWA Certificate No.: Expiration Date:
Approved Disapproved By: