



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

TESTER INFORMATION				
Tester Name:	SB County Certification #:	Certification Expiration Date:		
Mailing Address:	City:	State:	Zip:	
Phone Number:	Email:	Mail Invoice To: Tester Business		
BUSINESS INFORMATION				
Business Name:			Phone Number:	
Address:	City:	State:	Zip:	
FEES				
By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.				
Signature:			Date:	
Print Name:		Title:		
OFFICE USE ONLY				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee:	Designated Employee:	Received By:	Date:	
Check One: New Transfer Reactivate		Changes (please specify):		