



Public Health
Environmental Health Services



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

THIS SECTION TO BE COMPLETED BY APPLICANT

TESTER INFORMATION

Tester Name		SB Co Certification #	Certification Expiration Date	
Mailing Address		City	State	Zip
Phone Number	Email	Mail Invoice To: <input type="checkbox"/> Tester <input type="checkbox"/> Business		

BUSINESS INFORMATION

Business Name			Phone Number	
Address		City	State	Zip

FEES

<p>Signature X _____ Date _____</p> <p>Print Name _____ Title _____</p>				
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For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only

Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	