

## Backflow Tester Application Form

| Testers Name  | Home Phone Number   |  |
|---|---|--|
| Testers Address   | Town  | Province Postal Code   |
| Company Name  | Business Phone Nu   | mber Business Fax Number   |
| Company Address   | Town  | Province Postal Code   |
| Email Address   | Occupation  | Cell Phone Number  |
| Auth  | orized Testers Certification  | Information  |
|   | NEW   |  |
| Complete this section and time:   | provide the following if applying for a Halto   | on Registration Number for the first   |
| - A copy of your Tester   | r's Licence issued by an OWWA accredite   | d school   |
| - A <b>copy</b> of the Backflow   | w Prevention Assembly Test Equipment <b>T</b>   | est Kit Calibration Certificate  |
|   | eyman <b>Plumber Certificate</b> , Professional E<br>Fitter, Irrigation System Installer designation  |  |
| - A copy of Liability Ins   | surance and a copy of the WSIB Clearance  | e Certificate  |
|   | plication and all verification documents to:<br>Program, Halton Region, 1151 Bronte Road  | d, Oakville, Ontario L6M 3L1   |
| Kit Calibration Certificate. If publication on the Halton Roto remain on the list, it is my | ny professional certification, including a cop<br>Please add my information to the Halton Re<br>egion website and for information to Haltor<br>y responsibility to ensure all my documenta<br>ration of each of the above listed document | egion - List of Authorized Tester's for<br>a Customers. I understand that in order<br>ation is up to date and forwarded to |
| Signature   | e of Applicant  | Date   |
| *******   | **************************************  | ************   |
| Date Issued:  | Approved By:  | Date:  |
|   |   |  |