**BACKFLOW TESTER APPLICATION**

**COMMERCIAL BUSINESS INFORMATION**

Company Name:

Mailing Address:

City: State: Zip Code:

Phone: E-mail:

CSLB #

**CERTIFIED BACKFLOW ASSEMBLY TESTER INFORMATION**

Name:

Address:

City: State: Zip Code:

Phone: E-mail:

Certified by: Certification #:

Issued Date: Expiration Date:

**DIFFERENTIAL PRESSURE GAUGE INFORMATION**

Gauge Make: Model: Serial #:

Certified By: Certificate #:

Certification Date: Expiration Date:

**CROSS CONNECTION SPECIALIST (IF APPLICABLE)**

Certified by: Certificate #:

Certification Date: Expiration Date:

Credentials will accept from AWWA, ABPA, or other Title

17 CCR recognized agencies. Each gauge must be calibrated by an approved certifying company

annually. Provide a copy of the pocket certificate with expiration date, and test gauge calibration

certificate with this application. Credentials MUST be submitted every year.

I certify that the information given is true.

Applicant Signature: Date: