

## CERTIFIED BACKFLOW PREVENTION DEVICE TESTER APPLICATION

*Complete in full to apply for testing backflows in the JCWSA system.*

| TESTER INFORMATION |                |
|--------------------|----------------|
| NAME:              | EMAIL:         |
| HOME ADDRESS:      | PHONE:<br>FAX: |
| CITY:              | ZIP:           |

| TESTER'S QUALIFICATIONS  |  |
|--|--|
| APPLICANT'S GEORGIA BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION (BPAT) LICENSE(S). <i>(include a photocopy of license)</i><br>BPAT No.: _____<br>Expiration Date: _____<br>Note: All testers must maintain current BPAT certification. |  |
| List other certifications (if any) including AWWA, ABPA, NCBPA:  |  |
| Give location/method of backflow training:   |  |
| Date backflow test equipment last calibrated <i>(include a photocopy)</i> :  |  |
| Liability Insurance Certificate(s) and signed original Vault Access Waiver   |  |

| COMPANY INFORMATION     |                      |  |
|-------------------------|----------------------|--|
| AGENCY/COMPANY NAME:    | DEPARTMENT/DIVISION: |  |
| AGENCY/COMPANY ADDRESS: | PHONE:<br>FAX:       |  |
| CITY:                   | ZIP:                 |  |

Applicant agrees to be bound by the attached Code of Conduct and Backflow Prevention Device Tester Liability Waiver and Insurance Requirements, and Independent Contractor Status.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF GEORGIA THAT THE INFORMATION GIVEN IS TRUE:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Would you like to be added to a list for public distribution?

Yes  No