



**APPLICATION FOR BACKFLOW PREVENTION  
ASSEMBLY TESTER CERTIFICATION**

P.O. Box 667 ♦ 1 Plaza ♦ Patterson, CA 95363

209.895.8060 / voice ♦ 209.895-8069 / fax

[www.ci.patterson.ca.us](http://www.ci.patterson.ca.us)

Application PLEASE NOTE: (Please allow three (3) working days to process this application. Upon City approval, you will have the right to perform work in the city right-of-way.)

**Application Date:** \_\_\_\_\_ **Certificate No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State</b>	<b>Zip</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Cell:</b>

<b>1. Are you currently certified as a Backflow Prevention Assembly Tester by an approved entity such as the American Water Works Associations? (Attach a photocopy of your current AWWA certificate)</b>		
<input type="checkbox"/> YES	<b>Expiration Date:</b>	
<input type="checkbox"/> NO	<b>You do not meet the minimum requirements and cannot be certified.</b>	
<b>2. Do you wish to be listed as available for hire to the general public for testing?</b>		
<input type="checkbox"/> YES	<b>List telephone number to appear on public list:</b>	
<input type="checkbox"/> NO		
<b>3. Please provide the following information relative to the test equipment that is at your disposal for Backflow prevention assembly testing: (Attach a copy of your calibration report)</b>		
<b>A. Differential Gauge:</b>	<b>Manufacturer:</b>	
	<b>Model:</b>	
	<b>Serial Number:</b>	
	<b>Calibration Date:</b>	
<b>B. Owner of Equipment:</b>		
	<b>Company:</b>	
	<b>Contact Person:</b>	
	<b>Mailing Address:</b>	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE:

\_\_\_\_\_  
Signature of Tester Applicant/Date

<b>For Office Use Only</b>	
Date: _____	A/R No.: _____
AWWA Certificate No.: _____	Expiration Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By: _____	