

Instruction sheet for the *Backflow Prevention Assembly Tester Information Sheet*

Once accepted by the department, these forms become an official record and are maintained as part of the history of the particular company.

Section 1: Company Information

1. Name:
 - a. Fill in the name of the company
2. Address:
 - a. Fill in the mailing address of the company including city, state, and zip code
3. Phone:
 - a. Fill in the phone number of the company
4. Fax:
 - a. Fill in the fax number of the company
5. Email Address:
 - a. Fill in the email address of the company (if applicable)
6. Contact Person:
 - a. Fill in the name of the contact person at the company
7. Business/Contractor License #:
 - a. Fill in the Business/Contractor License # of the company (if applicable)

Section 2: Backflow Assembly Test Kit Information

1. Serial #:
 - a. Fill in the serial # of the backflow prevention assembly test kit (s) used to test the backflow prevention assemblies
2. Manufacturer:
 - a. Fill in the name of the manufacturer of the backflow prevention assembly test kit (s)
3. Model #:
 - a. Fill in the model # of the backflow prevention assembly test kit (s)
4. Date of Last Calibration:
 - a. Fill in the date, including the month, day, and year that the backflow prevention assembly test kit (s) was last tested

Section 3: Backflow Preventer Tester Information

1. Name of Tester:
 - a. Fill in the name of the certified backflow prevention assembly tester
2. Certificate #:
 - a. Fill in the certificate # of the certified backflow prevention assembly tester
3. Expiration Date:
 - a. Fill in the expiration date of the tester's certification

Notes:

1. All information must be complete, accurate, and updated as necessary with the Department