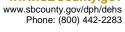


Public Health Environmental Health Services



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

THIS SECTION TO BE COMPLETED BY APPLICANT TESTER INFORMATION					
Tester Name		SB Co Certification #		Certification Expiration Date	
Mailing Address		City		State	Zip
Phone Number	Email		Mail Invoice To:	Tester	Business
BUSINESS INFORMATION					
Business Name				Phone Number	
Address		City		State	Zip
FEES					
Fiscal Year 2016/2017 Exam Fee: \$223 Annual Registration Fee: \$13	38				
Signature X			Date	9	
Print Name		Title	I		
For Office Use Only	 For Office Use Only For Office 	e Use Only F	or Office Use Only	For Office L	lse Only
	FA Number:	Record ID:			PE Number:
Late Fee: 🛛 Y 🗌 N	Designated Employee:	Received By:			Date:
Check One: 🗌 New 🔲	Transfer 🗌 Reactivate	Changes (please specify):			