



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: <input type="checkbox"/> Tester <input type="checkbox"/> Business		
BUSINESS INFORMATION				
Business Name			Phone Number	
Address	City	State	Zip	
FEES				
Fiscal Year 2016/2017 Exam Fee: \$223 Annual Registration Fee: \$138				
Signature X			Date	
Print Name		Title		
For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):		