



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

TESTER INFORMATION				
Tester Name:		SB County Certification #:		Certification Expiration Date:
Mailing Address:		City:		State:
Phone Number:	Email:		Mail Invoice To:	Tester Business
BUSINESS INFORMATION				
Business Name:			Phone Number:	
Address:		City:		State:
FEES				
By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.				
Signature:			Date:	
Print Name:		Title:		
OFFICE USE ONLY				
Fee:	FA Number:		Record ID:	PE Number:
Late Fee:	Designated Employee:		Received By:	Date:
Check One: New Transfer Reactivate			Changes (please specify):	