

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: ehs.sbcounty.gov Text/Call: 800.442.2283

Fax: 909.387.4323

APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

TESTER INFORMATION						
Tester Name:		SB County Certification #:		Certification Expiration Date:		
Mailing Address:		City:		State:	Zip:	
Phone Number:	Email:			Mail Invoid	ce To: Teste	r Business
BUSINESS INFORMATION						
Business Name:					Phone Numb	er:
Address:		City:		State:	Zip:	
FEES						
By checking this h	nov I confirm I am su	phmitting this appli	cation electronically	v and that th	e information o	n this form is true
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:						
Signature:			. ∪ .			
Print Name:			Title:	1		
OFFICE USE ONLY						
Fee:	FA Number:		Record ID:		PE Num	ber:
Late Fee:	Designated Employe	ee:	Received By:		Date:	
Check One: New Transfer Reactivate			Changes (please specify):			