



(PLEASE PRINT LEGIBLY)

Tester Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Tester Certificate Number _____ Certificate Renewal Date _____

Company _____

Company Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Email _____

State Contractor's License # _____ Phoenix Business License # _____

***TESTING INSTRUMENT**

Manufacturer	Model	Serial No
_____	_____	_____

Calibration Company _____ **Date** _____

Manufacturer	Model	Serial No
_____	_____	_____

Calibration Company _____ **Date** _____

*Indicates forms for which copies are required to be attached.

-----AFFIDAVIT-----

As the individual seeking recognition on the city's list of Backflow Testers, I certify I have read, understand and am responsible for all requirements of the Backflow Prevention Program and agree to provide complete and accurate testing information of backflow assemblies.

Signature

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.