



APPLICATION FOR BACKFLOW PREVENTION DEVICE TESTER CERTIFICATE

NAME _____ DATE _____
Last First Middle

HOME ADDRESS _____
Number & Street

City & Zip Code TELEPHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

PRESENT EMPLOYMENT

FIRM NAME _____ TELEPHONE _____

ADDRESS _____
Number & Street

City & Zip Code

TYPE OF WORK _____

OTHER EXPERIENCE OR QUALIFICATIONS:

TESTER LIST INFORMATION:

_____	Company Name
_____	City
_____	Telephone

I have received a copy of the Code of Conduct for Backflow Prevention Device Testers adopted by Orange County Environmental Health and the Orange County Cross Connection Control Group. I understand that failure to comply with this code can result in the loss of testing privileges in Orange County and/or within a member agency's jurisdiction. Also, knowingly filing a false test report is a misdemeanor violation. I am aware that all information on my application is public record based on the California Public Records Act and State Government Code Section 6250.

Tester Signature

Fees: Initial \$288

Renewal \$288

Tester List \$192

HSO # _____ Receipt # _____ Check # _____ Cashier's Signature _____

Make Checks Payable to Orange County Health Care Agency

For Completion by Environmental Health Examiner

Tested and Approved by: _____ Date _____

IPC _____ Date _____