



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER REGISTRATION

NAME _____ DATE _____
Last First Middle

HOME ADDRESS _____
Number & Street

_____ TELEPHONE _____
City & Zip Code

EMPLOYER NAME & TELEPHONE _____

EMAIL ADDRESS _____

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

ANSI ACCREDITED CERTIFYING ORGANIZATION

TESTER LIST INFORMATION

Organization Name	Your Name
Certification Number	Company Name (if applicable)
Expiration Date	City in OC
(Attach Proof of Certification)	Telephone

Return the completed application and attachments to OCBackFlowTests@ochca.com

Please be aware that it is the registered applicant's responsibility to ensure the ongoing validity of all required licensures and certificates. Failure to keep these up-to-date could result in the nullification of the OC Health Care Agency backflow assembly tester registration.

I have received a copy of the Code of Conduct for Backflow Prevention Device Testers adopted by OC Health Care Agency 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 may be a misdemeanor violation. I am aware that information on my application is public record based on the California Public Records Act and State Government Code Section 6250 and is subjected to inspection or copying upon request.

Tester Signature

Initial

Renewal

Tester List

For Completion by Environmental Health

Reviewed and Approved by _____ Date _____

IPC _____ Date _____ ANSI Verified _____ Card sent date _____