

### 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 Orange County
(Attach Proof of Certification)	Telephone

#### Return the completed application and attachments to [OCBackFlowTests@ochca.com](mailto: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 your 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  No fee    Renewal  No fee    Tester List  \$192 (3 Yr)

#### *For Completion by Environmental Health*

Reviewed and Approved by \_\_\_\_\_ Date \_\_\_\_\_

IPC \_\_\_\_\_ Date \_\_\_\_\_ ANSI Verified \_\_\_\_\_ Card sent date \_\_\_\_\_