

Receipt # _____

City License # _____

Water and Wastewater Utility
Industrial Waste and Cross Connection Certification
Backflow Technician Registration Application

Print or Type

Technician Information

Name: _____
Last First MI

Certification #: _____ Certification/Recertification Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: (____) _____

Email: _____

Employer Information

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: (____) _____ Fax: (____) _____

Complete the following if you want your name to be added to a list of certified backflow prevention technicians registered with the City of Alvarado. Upon request, this list will be made available to the general public.

Company Name: _____

Name: _____

Phone Number: (____) _____

I, the undersigned, certify that the above information is true and correct.

Signature: _____

Date: ____/____/____

Please include the following with completed backflow tester registration application:

* Clear copy of:

- a. drivers' license
- b. tester certification
- c. calibration report
- d. liability insurance certificate

* Annual registration fee of \$100 (good for one full year)