

**BACKFLOW PREVENTION DEVICE
TESTER'S LICENSE APPLICATION**

Applicant Information

Date: _____
Name: _____ Email: _____
Phone Number: (____) _____ Fax Number: (____) _____
Occupation: _____

Company Information

Company Name: _____
Address: _____ Phone Number: (____) _____
City: _____ Postal Code: _____

- NEW – Provide the following when applying for the first time:
- Copy of *Cross Connection Control Tester Certificate* issued by the ACWWA
 - Copy of *Plumber or Pipe/Sprinkler Fitter Certificate*
 - Copy of *Certificate of Liability Insurance* for \$1,000,000 (minimum)
 - *Cross Connection Control Accuracy Verification Report*
 - License fee, \$50.00 cheque made payable to the Halifax Regional Water Commission

Signature: _____ Date: _____

- RENEWAL – Provide the following when renewing a license:
- Existing license number: _____
 - Expiry date of last license: _____
 - Number of devices tested last year: RP _____ DCVA _____
 - Provide a *Certificate of Liability Insurance* for \$1,000,000 (minimum)
 - *Cross Connection Control Accuracy Verification Report*
 - License fee, \$50.00 cheque made payable to the Halifax Regional Water Commission

Signature: _____ Date: _____

Office Use Only

Testers License Number: _____
Date Issued: _____
Date Expires: _____
Licensed Approved By: _____