



APPLICATION FOR RECOGNITION AS A BACKFLOW ASSEMBLY TESTER

1 Business Information

Company Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

AZ ROC License Number: _____ Type: _____ Expires: _____

AZ ROC License Number: _____ Type: _____ Expires: _____

City of Avondale Privilege Tax/Business License Number: _____ Expires: _____

Check this box if copy of Contractor's License(s) attached.

Check this box if copy of City of Avondale License attached.

2 Tester Education Information

Tester's Name: _____ E-mail Address: _____

Certifying Organization: _____

Certificate Number: _____ Dates Certified: _____ Expiration Date: _____

Check this box if copy of Tester Certification is attached.

Tester's Name: _____ E-mail Address: _____

Certifying Organization: _____

Certificate Number: _____ Dates Certified: _____ Expiration Date: _____

Check this box if copy of Tester Certification is attached.

Tester's Name: _____ E-mail Address: _____

Certifying Organization: _____

Certificate Number: _____ Dates Certified: _____ Expiration Date: _____

Check this box if copy of Tester Certification is attached.

Tester's Name: _____ E-mail Address: _____

Certifying Organization: _____

Certificate Number: _____ Dates Certified: _____ Expiration Date: _____

Check this box if copy of Tester Certification is attached.

3 Test Gauge(s) Information

Make and Model: _____ Serial Number: _____ Calibration Date: _____

Make and Model: _____ Serial Number: _____ Calibration Date: _____

Make and Model: _____ Serial Number: _____ Calibration Date: _____

Make and Model: _____ Serial Number: _____ Calibration Date: _____

Make and Model: _____ Serial Number: _____ Calibration Date: _____

Check this box if current Calibration Report(s) attached.

4 Insurance Coverage Information

Company Name: _____ Agent: _____

Liability Limits: _____ Policy Number: _____

Check this box if Certificate of Liability Insurance is attached (\$1,000,000 min. required).

5 Acknowledgement

I certify that the information given in this application is true and complete to the best of my knowledge.

Print Name _____ Title _____

Signature _____

Date _____

Instructions/Notices

1. This application and any subsequent Test Reports shall be completed in ink or typewritten.
2. Submit one copy of the application (including any attachments) **with original signature.**
3. **A copy of all tester certifications, test kit calibration, and liability insurance must be submitted.**
4. Applicant is responsible for notifying the City of any changes to the information contained herein and providing current documentation as certifications, licensure, calibration, insurance, and other items change or expire.
5. Backflow assemblies shall not be installed without first obtaining a City of Avondale Engineering Permit.
6. For assistance, call the Backflow Program at 623-333-4446.
7. Please submit copies of documentation to mhinojos@avodale.org