

Other Certification

11. Plumber Certification Number: _____ Date: _____

12. Fire Certification Number: _____ Date: _____

Test Kit Information (Please provide documentation of annual calibration testing of your kit)

13. Kit Number: _____ Calibration Date: _____

Tester Identification

14. I would like my name to be posted on the City Cross-Connection Control website as a registered:

- Plumbing contractor and a certified Cross-Connection technician (Tester)
- Fire contractor and a certified Cross-Connection technician (Tester)
- Certified Cross-Connection technician (Tester) only

Application Declaration

To the best of my knowledge, I certify that the information submitted in this application is correct. I understand that I must amend this registration application within 30 days in the event any of the above information changes.

I have a copy of the City of Tallahassee Rules and Regulations for backflow prevention and Cross-Connection Control. I understand, agree to implement, and comply with these Rules and Regulations. Non-compliance with these Rules and Regulations shall result in the City not accepting test reports per Sec 3.5.2.5 of the Rules and Regulations and suspension of my registration with the City's Cross-Connection Control office.

Print Name

Title (as it relates to authority to execute this document)

Signature

Date

Phone Number

