

SUMMIT TOWNSHIP WATER AUTHORITY

CERTIFIED BACKFLOW TESTER APPLICATION

EMPLOYER INFORMATION:

COMPANY NAME _____

BUSINESS ADDRESS _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____

TESTER INFORMATION:

TESTER'S NAME _____

ADDRESS _____ ZIP _____

E-MAIL _____

PHONE _____ CELL _____

CERTIFIED BY _____
(COPY OF CLASS CERTIFICATION MUST BE ATTACHED)

DATE OF LAST CERTIFICATION _____

DO YOU WANT YOUR NAME AND PHONE NUMBER LISTED ON A "CERTIFIED
TESTERS LIST" TO BE MAILED OUT TO THE PUBLIC? YES ___ NO ___

Please return this form along with
CALIBRATION CERTIFICATE, CLASS CERTIFICATION and \$15 to:
Summit Township Water Authority,
1230 Townhall Road West, Suite 200, Erie, PA 16509

OFFICE USE ONLY:

DATE PD _____ LICENSE NUMBER _____ CARD MAILED _____

CALABRATION CERTIFICATE _____ CLASS CERTIFICATION _____