

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY PUBLIC HEALTH DEPARTMENT Jeff Hamm Health Agency Director Penny Borenstein, MD, MPH Health Officer/Public Health Director

## APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION

| NAME   |                     |  | DATE   |                      |
|--|---------------------|--|--------|----------------------|
| L  | AST                 | FIRST  | MIDDLE |                      |
| MAILIN   | G ADDRESS           |  |        | ZIP                  |
| E-MAIL   | ADDRESS             |  |        | H) <u>PHONE ( )</u>  |
| BUSINE   | SS NAME             |  |        | (W) <u>PHONE ( )</u> |
| TESTER CERTIFICATION NUMBER AWWA ABPA<br>EXPIRATION DATE<br>TEST KIT CALIBRATION DATE  |                     |  |        |                      |
| * Please include a copy of your AWWA or ABPA certification as well as your current test kit accuracy verification report (calibration report) with this application.   |                     |  |        |                      |
| WOULD YOU LIKE YOUR NAME TO APPEAR ON THE COUNTY OF SAN LUIS OBISPO<br>CERTIFIED TESTER LIST? <i>*THE TESTER LIST IS ENCLOSED WITH THE MONTHLY TEST AND</i><br>MAINTENANCE FORMS. Please indicate the service area you prefer. |                     |  |        |                      |
|  | ALL<br>SOUTH COUNTY | <ul><li>☐ NORTH COUNTY</li><li>☐ NORTH COAST</li></ul> | SLO [  |                      |

SIGNATURE