



# CROSS CONNECTION CONTROL BY-LAW #94 Backflow Prevention Device Testers Application Form

| GENERAL INFORMATION  |              |  |                  |
|--|--------------|--|------------------|
| Tester's Name  |              | Home Phone No.   |                  |
| Tester's Address   | City / Town  | Province   | Postal Code      |
| Email Address  | Occupation   | Cell Phone No.   |                  |
| Company Name   |              | Business Phone No.   | Business Fax No. |
| Company Address  | Town         | Province   | Postal Code      |
| TESTER'S CERTIFICATION INFORMATION   |              |  |                  |
| <b>New Registration Number</b>   |              | Check here if application is for a new registration: [ ]     |                  |
| Complete this section and provide the following if applying for a Windsor Utilities Commission (WUC) Registration Number for the first time:   |              |  |                  |
| <ul style="list-style-type: none"> <li>A copy of your <b>Backflow Specialist Certificate</b> issued by an accredited school</li> <li>A copy of the <b>Backflow Prevention Assembly Test Equipment (Test Kit) Calibration Certificate</b></li> <li>A copy of your <b>Journeyman or Master Plumber Certificate, Professional Engineer, Engineering Technologist, Fire System Sprinkler Fitter, Irrigation System Installer</b> designation or Apprenticeship papers</li> <li>A copy of <b>Liability Insurance</b> and a copy of the <b>WSIB Clearance Certificate</b></li> </ul>   |              |  |                  |
| <b>Renewal of Registration Number</b>  |              | Check here if application is for a renewal registration: [ ] |                  |
| Complete this section and provide the following if you are renewing your Windsor Utilities Commission (WUC) Registration Number:   |              |  |                  |
| <ul style="list-style-type: none"> <li>Existing WUC Registration Number: _____</li> <li>Number of assemblies tested last year:                      RP _____                      DCVA _____                      PVB _____</li> <li>A copy of the <b>Backflow Prevention Assembly Test Equipment (Test Kit) Calibration Certificate</b></li> <li>A copy of your <b>Journeyman or Master Plumber Certificate, Professional Engineer, Engineering Technologist, Fire System Sprinkler Fitter, Irrigation System Installer</b> designation or Apprenticeship papers (if renewed)</li> <li>A copy of the <b>WSIB Clearance Certificate</b></li> </ul> |              |  |                  |
| SUBMISSION OF INFORMATION  |              |  |                  |
| Forward this completed application, verification documents, and completed Accuracy Verification Report to:   |              |  |                  |
| Windsor Utilities Commission<br>Att: Technical Services Department<br>4545 Rhodes Drive<br>Windsor, ON N8W 5T1   |              |  |                  |
| <i>I have included copies of my professional certification according to the requirements outlined in this application. Please add my information to WUC's List of Certified Testers for publication on the company's website and distribution to its customers.</i>  |              |  |                  |
| _____  |              | _____  |                  |
| Applicant Signature  |              | Date   |                  |
| ***** OFFICE USE ONLY *****  |              |  |                  |
| Tester's Registration Number:  | Date Issued: | Expiry Date:   |                  |
| Registration Approved By:  | Date:        |  |                  |