



CROSS CONNECTION CONTROL WUC BY-LAW 96

Backflow Prevention Device Testers Application Form

Tester Information (1 application per tester)						
Tester's Name			Email Address			
					_	
Tester's Address	City/Town			Province	Postal Code	
Occupation						
Company Information						
Company Name Company Ph		ie Number		Company Email		
			1			
Company Address	Town	Provir		rince	Postal Code	
 designation or Apprenticeship papers A copy of Liability Insurance and WSIB Clearance Certificate Declaration I have included copies of my professional certification according to the requirements outlined above. Please add my information to WUC's List of Certified Testers for publication on the company's website and distribution to its customers. 						
Applicant Signature Date						
Submit your completed form and documents to: Windsor Utilities Commission Technical Services Department 4545 Rhodes Drive Windsor, ON N8W 5T1		document	Or Email as a PDF with attachments of documents (PDFs, JPG, PNG) to: backflow@enwin.com			
Office Use Only						
Registration Approved By Da		Date				