Certified Backflow Tester Application

First Name: _____ Last Name: _____

Name of Current Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip: _____

Phone: _____ Employer phone: _____

Email address: _____

Licensed Plumber: ☐ **Yes** ☐ **No**

Do you want your contact information listed on our approved list of Backflow Testers: ☐ **Yes** ☐ **No**

By signing this application, I agree to comply with the City of Gastonia's Backflow Prevention and Cross Connection Control Ordinance, Chapter 14-Utilities, Article VIII. Click for Ordinance.

Signature: _____ Date:_____

Return the following with this application:

- □ Copy of Certification from backflow certification school
- □ Copy of test kit certification

Test Kit Serial # _____ Test Kit Calibration Date:_____

Things to know:

-Test results will not be accepted if your certification expires, if your employer changes or you failed to notify our office of other contact information changes.

-Curb stops cannot be operated by testers. Contact 704-616-7676 for water shut-off arrangements.

-If an assembly fails the test, the customer has 10 days to have the device repaired or replaced.

-Only licensed plumbers can repair approved backflow prevention assemblies.

-Installation of new or replacement backflow devices must meet current building specifications and be an approved assembly.