



# **Application Instructions for Backflow Prevention Assembly Tester Registration**

## **Registration Application**

Form must be fully completed, signed, and dated by the person requesting registration.

Applicants must include a copy of the certificate for the successful completion of the training course on the subject of cross-connections and operation, maintenance, testing, and repair of backflow prevention assemblies.

A copy of the tester's ABPA certificate must be included with their application.

## **Change of Employer**

A new application must be filled out EVERY TIME a tester changes employer.

## **Expiration**

Registrations expire upon lapse of ABPA certification or change of employer.

## **General**

Applications will not be processed until all documents have been received.

## **Notification**

The tester will be notified via email or phone of the acceptance or denial of their application. Submission of the application does not suffice as permission to test. The tester must wait for approval from the City.



## Backflow Prevention Assembly Technician Application Form

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Home address: \_\_\_\_\_ Business address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business telephone \_\_\_\_\_

☐ Use home address for mailing

☐ Use business address for mailing

Telephone number(s) to contact you:

Does the above-mentioned company want to be listed on a "Backflow Prevention Assembly Technician Approved List" that will be available to the public? ☐ Yes ☐ No

If yes, what devices does the above-mentioned company want to test?

☐ Irrigation system devices ☐ Fire protection system devices

☐ Containment/isolation devices other than devices on the above-mentioned systems

Applicant Status?

☐ New

☐ Renewal

☐ Change of Employer

*I hereby certify that the above information is true to the best of my knowledge. I also understand that falsification of this application or any other City of Sioux Falls backflow prevention paperwork shall result in immediate decertification from the City of Sioux Falls "Backflow Prevention Assembly Technician Approved List." I also certify that I am acting as an agent for the owner of the company listed above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_