

Backflow Prevention Assembly Tester

Information Form

CARROLL COUNTY WATER AUTHORITY

556 Old Bremen Road • P.O. Box 739 • Carrollton, Georgia • 770-832-1277

Registration Information – Please Print Clearly or Use Form Fields

| Registration information – Please Print Clearly of Ose Form Fleids | | | | | | | | | |
|--|---------------|------------|------------------------------------|---|--------------------------------|-------------------|----------|-------------|-------------|
| Company Informati | on | | | | | | Date | | |
| Company: | | | | | | Conta | ct Perso | | |
| Mailing Address: | | | | City | | | State | | Zip |
| Office Phone: | | | email: | | | | | | |
| Tester #1 | | | | | | | | | |
| Name: | First | | MI L | | | Last | | | |
| Cell Phone: | | | email: | | ail: | | | | |
| Certifying Organization | | Certificat | | | #: Expiration: | | | | |
| Tester #1 Signature | | | | | | | | | |
| Tester #2 | | | | | | | | | |
| Name: | First MI Last | | | | | | | | |
| Cell Phone: | | | | ema | ail: | | | | |
| Certifying Organization: | | | Certi | ification | #: | | | Expiration: | |
| Tester #1 Signature | | | | | | | | | |
| Tester #3 | | | | | | | | | |
| Name: | First | | | MI | | Last | | | |
| Cell Phone: | | | email: | | | | | | |
| Certifying Organization: | | | Certification # | | | | | Expiration: | |
| Tester #1 Signature | | | <u>.</u> | | | | | | |
| Your Completed Form Must Be Submitted with Copies of the Following: | | | | | | | | | |
| Business License Fire Sprinkler Credentials (fire sprinkler only) | | | | | | | | | |
| Backflow Prevention Assembly Tester Certification Any Other Applicable Licenses/Certifications | | | | | | | | | tifications |
| Plumbing License (licensed plumbers only) Test Kit Certification/Calibration Reports (each kit) | | | | | | | | | |
| It is the responsibility of the tester to maintain current copies of all applicable certifications, licenses, and contact information on file with CCWA. The tester shall provide CCWA with up-to-date records on test kit/gauge annual accuracy testing required by Georgia Drinking Water Rules and Regulations 391-3-513(8). The tester shall not submit false, incomplete, or inaccurate test report forms, use improper test procedures, or utilize inaccurate test equipment. CCWA retains the right to verify the accuracy of any field test by performing additional follow-up tests as Authority staff deems appropriate. By submitting this form, the tester listed certifies the information contained herein is accurate and complete to the best of their knowledge. Furthermore, the tester certifies they have read and agree to the provisions listed above. Failure to comply with these provisions may result | | | | | | | | | |
| in corrective action, including suspension of testing privileges and rejection of all future backflow preventer test reports submitted by this tester and/or their employer. | | | | | | | | | |
| | | | By email: dgriffin@ccwageorgia.com | | | | | | |
| | | | By hand: | hand: CCWA Office at 556 Old Bremen Rd., Carrollton | | | | | |
| Return this completed | | | By mail: | | Carroll County Water Authority | | | | |
| form to CCWA: | | | Attn: Backflow Prevention Dept. | | | | | | |
| | | | | PO Box 739 | | | | | |
| Carrollton, GA 30112 Office Use Only – Do Not Write In This Space | | | | | | | | | |
| Reviewed by: | | Offic | ce Use Only | – DO NO | t vvrite li | n This Spac Da | | | |
| Attachments verified: □ BPAT License □ Plumbing License □ Business License □ Test Kit Certification | | | | | | | | | |
| Remarks: | | | | | | | | | |