APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

PUBLIC WORKS DEPARTMENT

4300 West Capitol Ave
West Sacramento, CA 95691
pwoffice@cityofwestsacramento.org
Phone: (916) 617-4850

PLEASE PRINT CLEARLY

Name:	
A.W.W.A. Certification Number:	
Company Name:	
Address:	
City, State, Zip	
Phone:	
Fax:	
Email address:	

Instrument Identification Numbers	Last Test Date

ANNUAL TESTER FEE: $40.00 PER YEAR, PER TESTER

Please return this application with payment and a copy of the following documents:
-Instrument Calibration Certificate -AWWA Certification Card -AWWA Certificate

City of West Sacramento
Public Works
4300 West Capitol Ave
West Sacramento, CA 95691

PLEASE MAKE CHECK PAYABLE TO: CITY OF WEST SACRAMENTO

Signature: _____ Date: _____

OFFICE USE ONLY: Date Paid: _____ Check/Receipt#: _____ Date Entered: _____ Initials: _____