



MATTHEW CONSTANTINE
DIRECTOR

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APPLICATION FOR CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTER LIST

CERTIFIED TESTER

Name:	
Certified by:	Certificate #:
Issue Date:	Expiration Date:

BUSINESS INFORMATION

Company Name:		
Mailing Address:		
City:	State:	Zip Code:
Business Phone:		Fax Number:
E-mail Address:		Cell Phone:

GAUGE INFORMATION

Gauge Make:	Model:	Serial #
Certified by:		Certificate #:
Issue Date:	Expiration Date:	

CROSS CONNECTION CONTROL SPECIALIST

Certified by:		Certificate #:
Issue Date:	Expiration Date:	

I certify under penalty of perjury that the information given is true.	
Applicant Signature:	Date:

A copy of the official certificate, pocket certificate with expiration date, and test gauge calibration certificate must be submitted with this application. Kern County Public Health Services Department will accept only AWWA, ABPA and ASSE certifications. Each test gauge must be calibrated by an approved testing company annually.

Approved by:	Date:
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