



**EGWD Backflow Tester Application**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Business Web Address: \_\_\_\_\_

Submit a photocopy of your current AWWA certificate. (Your certificate must be valid for the entire period that you are registering to field test. Temporary cards will be accepted with the condition that you supply your permanent card or certificate within 60 days of registration approval. Certificates that expire within the annual registration period will not be approved).

AWWA Certificate Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Submit a copy of the calibration report for the field test equipment that will be used. Calibration must be performed annually.

A. Differential Gauge:

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

B. Owner of Equipment:

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- ☐ I certify that the above information is true
- ☐ I understand the Elk Grove Water District Cross Connection Control Plan available on [egwd.org](http://egwd.org)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date