



CROSS CONNECTION CONTROL BY-LAW #96

Backflow Prevention Device Testers Application Form

GENERAL INFORMATION [1 application required per tester]			
Tester's Name	Home Phone No.		
Tester's Address	City / Town	Province	Postal Code
Email Address	Occupation	Cell Phone No.	
Company Name	Business Phone No.	Business Fax No.	
Company Address	Town	Province	Postal Code
TESTER'S CERTIFICATION INFORMATION			
New Registration Number		Check here if application is for a new registration: <input type="checkbox"/>	
Complete this section and provide the following if applying for a Windsor Utilities Commission (WUC) Registration Number for the first time:			
<ul style="list-style-type: none"> A copy of your Backflow Specialist Certificate issued by an accredited school A copy of the Backflow Prevention Assembly Test Equipment (Test Kit) Calibration Certificate A copy of your Journeyman or Master Plumber Certificate, Professional Engineer, Engineering Technologist, Fire System Sprinkler Fitter, Irrigation System Installer designation or Apprenticeship papers A copy of Liability Insurance and a copy of the WSIB Clearance Certificate 			
Renewal of Registration Number		Check here if application is for a renewal registration: <input type="checkbox"/>	
Complete this section and provide the following if you are renewing your Windsor Utilities Commission (WUC) Registration Number:			
<ul style="list-style-type: none"> Existing WUC Registration Number: _____ Number of assemblies tested last year: RP _____ DCVA _____ PVB _____ A copy of the Backflow Prevention Assembly Test Equipment (Test Kit) Calibration Certificate A copy of your Journeyman or Master Plumber Certificate, Professional Engineer, Engineering Technologist, Fire System Sprinkler Fitter, Irrigation System Installer designation or Apprenticeship papers (if renewed) A copy of the WSIB Clearance Certificate 			
SUBMISSION OF INFORMATION			
Forward this completed application, verification documents, and completed Accuracy Verification Report to:			
Windsor Utilities Commission Att: Technical Services Department 4545 Rhodes Drive Windsor, ON N8W 5T1			
<i>I have included copies of my professional certification according to the requirements outlined in this application. Please add my information to WUC's List of Certified Testers for publication on the company's website and distribution to its customers.</i>			
_____		_____	
Applicant Signature		Date	
***** OFFICE USE ONLY *****			
Tester's Registration Number:	Date Issued:	Expiry Date:	
Registration Approved By:			Date: