

# TOWN of CARY

## *Application for Certification Backflow-Prevention Assembly Technician*

Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Current Employer**

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Unique Email Address for Tester \_\_\_\_\_

### **PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS - ALL ARE REQUIRED**

1. Certificate of Completion of approved Backflow-Prevention Assembly Tester Course
2. Plumber License Number or Equivalent Experience/Employment
3. Certificate of calibration of test equipment
4. Other (specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

### **Please Return to:**

Town of Cary  
Cross Connection ORC  
400 James Jackson Ave  
P.O. Box 8005  
Cary, NC 27512-8005

**PHONE: (919)469-4000**  
**FAX : (919) 469-4304**

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For Office Use Only

Approved By \_\_\_\_\_

Date Approved \_\_\_\_\_