

APPLICATION FOR REGISTERING A NEW CROSS CONNECTION CONTROL TESTERS CERTIFICATION NUMBER

Testers AWWA Number	Certification Year		
Name	Home Phone ()		
Email			
Home Address			
City	Province	Postal Code	
Occupation		Cell Number	

Employer		Employer Phone Number ()
Address		Fax Number ()
City	Province	Postal Code
Test Equipment Number	Date of Last Accuracy Verification	
Make	Model	Serial Number

Provide the following for registering a certification number:

- 1. A copy of your **Cross Connection Control Specialist Certificate** issued by the AWWA Western Canada Section or approved equivalent (issue date shall not be older than five years).
- 2. A current **Cross Connection Control Accuracy Verification Report** or **Calibration Certificate** for Backflow Prevention Assembly Test Equipment.
- 3. City of Saskatoon **Business License**.
- 4. General Liability Insurance.

The personal information on this form is collected under the authority of the Local Authority Freedom of Information and Protection of Privacy Act Section 24 and is used solely for the purpose of information to record test details and results.

Signature of Applicant	YYYY		Date MM	DD
Would you like to be added to the City of Saskatoon list for Licensed Backflow Testers?			YES	NO

FOR OFFICE USE ONLY								
Classification	Approved	Issue Date			Renewal Date			
		YYYY	MM	DD	YYYY	MM	DD	
f you are having difficulty submitting the completed form, please save to your desktop and sond as an email attachment to:								

If you are having difficulty submitting the completed form, please save to your desktop and send as an email attachment to: <u>cross.connection@saskatoon.ca</u> with the SUBJECT: **Cross Connection Control Tester New Certification**.

Please email to: cross.connection@saskatoon.ca

OR Please mail to: City of Saskatoon Saskatoon Water 1101 Spadina Crescent West Saskatoon, SK S7M 1P3