

CITY OF ROWLETT
P.O. BOX 99 / 4310 Industrial St..
ROWLETT, TX. 75088-0099
972-412-6287 / FAX – 972-463-3907



**Cross Connection Control Certification Application
For Backflow Prevention Assembly Tester**

Fill out **all** applicable sections:

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
Company or Employer:		
Business Address:		
City:	State:	Zip Code:
Business Phone:	Business Fax:	
Are you state certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Are you a licensed plumber?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Are you a licensed landscape contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Are you a licensed fire sprinkler contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Do you own or have access to test gauge equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gauge I.D.#:
Has your gauge been calibrated within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Location:	Calibrator's Name:	
Have you completed Confined Space Entry Competent Person training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location:	Instructor:	Date:
Do you have Contractor's liability insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of coverage:		
Insurance company's name:		
Agent's name and phone number:		
Policy Number:	Date Issued:	

- Required Documents:
- Completed Application / Copy of Drivers License
 - Certificate of Completion of Backflow Assembly Tester Certification Course
 - Certificate of Completion of Confined Space Entry Training
 - Gauge Calibration Form
 - Statement of General Liability Insurance coverage from Agent

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Applicant approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
Certified Tester Number:	Gauge I.D. Number:	
Certification issued by (name):		
Application date for annual recertification:		