

Receipt # \_\_\_\_\_

City License # \_\_\_\_\_

Water and Wastewater Utility  
Industrial Waste and Cross Connection Certification  
**Backflow Technician Registration Application**

Print or Type

**Technician Information**

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

Certification #: \_\_\_\_\_ Certification/Recertification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_

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

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

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Complete the following if you want your name to be added to a list of certified backflow prevention technicians registered with the City of Alvarado. Upon request, this list will be made available to the general public.

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

I, the undersigned, certify that the above information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include the following with completed backflow tester registration application:

\* Clear copy of:

- a. drivers' license
- b. tester certification
- c. calibration report
- d. liability insurance certificate

\* Annual registration fee of \$100 (good for one full year)