

PHILADELPHIA WATER DEPARTMENT

INDUSTRIAL WASTE & BACKFLOW COMPLIANCE

9001 STATE ROAD

PHILADELPHIA, PA 19136

215.685.6007/8068

CERTIFIED BACKFLOW ASSEMBLY TECHNICIAN REGISTRATION FORM

BACKGROUND INFORMATION

| | | |
|-----------------------------|----------------|-----------|
| NAME: | Email Address: | |
| BUSINESS NAME: | TEL: | |
| | FAX: | |
| TECHNICIAN MAILING ADDRESS: | | ZIP CODE: |
| TYPE OF CITY LICENSE: | LICENSE # | |

CERTIFICATION INFORMATION

| | | |
|--------------------|-----------------------------|------------------|
| CERTIFYING AGENCY: | COURSE LOCATION (Optional): | |
| CERTIFICATE # | CERTIFICATION DATE: | EXPIRATION DATE: |

Note: This form must be completed by persons wishing to be registered as City Certified backflow assembly technicians. The completed forms should be returned to the above noted agency

All applicants *must* enclose:

1. A photocopy of his/her certification from the New England Water Works Association (NEWWA) or American Society of Sanitary Engineers (ASSE).
2. A copy of their City License(s) from L&I.

| | |
|----------------------|-------|
| APPLICANT SIGNATURE: | DATE: |
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FOR OFFICE USE ONLY **REGISTRATION APPROVAL** *FOR OFFICE USE ONLY*

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| APPROVED BY: | DATE: |
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