

Backflow Prevention Assembly Tester Registration

Licensed Tester:	
License #:	Expiration Date:
Gauge Make / Model:	
Gauge Serial #:	
Gauge Certification Date:	Expiration Date:
Company Name:	
Address:	
Address:	
Phone Number:	
Signature:	
System) must have an approved to Check Valve Assemblies installed served by an OSSF, have been a	SF (On Site Sewage Facility) or (Septic RPZ backflow device. Any existing Double ed prior to January 1, 2009 on properties allowed until that device no longer passes MUST be changed to an approved RPZ
OFF	ICE USE ONLY
☐ Copy of current Gauge Calibration	on Certification
☐ Copy of BPAT license	
☐ Paid \$50 registration fee	
Date / Time of Registration	