



## **BACKFLOW TESTER APPLICATION PACKET INCLUDES:**

- Tester Application Packet (Cover Page) TRT 00336
- Backflow Installation Application TRT 00344
- Backflow Inspection Application TRT 00343
- Backflow, New Test Companies Requisites TRT 00638
- Backflow Tester Application TRT 00637
- Backflow Assembly Test Report Instructions TRT 00335
- Backflow Prevention Assembly Test Report TRT 00337
- Backflow, Noncompliance Penalties TRT 00641
- First Violation - Backflow Tester Noncompliance Penalty TRT 00121
- Second Violation - Backflow Tester Noncompliance Penalty TRT 00162
- Third Violation – Backflow Tester Noncompliance Penalty TRT 00231



## Backflow Installation Permit Application

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

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

Project Address: \_\_\_\_\_

Bldg #: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite/Space #: \_\_\_\_\_ Tract #: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Project Valuation: \$ \_\_\_\_\_

**Description of Work:** Installation of a \_\_\_\_\_ inch backflow device. Installation is for:

☐ New ☐ Retrofit

☐ Domestic water system ☐ Irrigation system ☐ Fire suppression system

Type of backflow device: \_\_\_\_\_ Fire Dept Log #: \_\_\_\_\_

☐ Reduced Pressure Principle ☐ Double Check Valve ☐ Pressure Vacuum Breaker

### Owner Information:

Owner/Business Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Contractor Information:

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Business (Phoenix PLT) #: \_\_\_\_\_

State Tax #: \_\_\_\_\_ State License Class and Number (ROC): \_\_\_\_\_

### Applicant Signature:

Check One: ☐ Owner ☐ Contractor ☐ Other \_\_\_\_\_

**X:** \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

-----**Staff Use Only**----- Initials: \_\_\_\_\_

Permit Type: \_\_\_\_\_ Permit #: **T** \_\_\_\_\_ Permit Name: \_\_\_\_\_

Project Number: \_\_\_\_\_ CITA ☐ Yes ☐ No C Of O ☐ Yes ☐ No

Census: \_\_\_\_\_ Qtr Sec: \_\_\_\_\_ Cncl Dist: \_\_\_\_\_ Zoning: \_\_\_\_\_

Units: **0** Occupancy: **N/A** Const Type: **N/A** Scope Code: **VACUUM** Struc Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_

Total: \_\_\_\_\_

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.



## Backflow Inspection Permit Application

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

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

Project Address: \_\_\_\_\_

Bldg#: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite/Space#: \_\_\_\_\_ Tract#: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Project Valuation: \$ \_\_\_\_\_

**Description of Work:** Inspection/evaluation for a secondary backflow prevention device for compliance with current Phoenix Plumbing Code and Phoenix City Code Chapter 37, Section 37-141 through 37-146.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Owner Information:

Owner/Business Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Contractor Information:

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

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Business (Phoenix PLT) #: \_\_\_\_\_

State Tax #: \_\_\_\_\_ State License Class and Number (ROC): \_\_\_\_\_

### Applicant Signature:

Check One: ☐ Owner ☐ Contractor ☐ Other \_\_\_\_\_

**X:** \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

-----**Staff Use Only**----- Initials: \_\_\_\_\_

Permit Type: \_\_\_\_\_ Permit #: **T** \_\_\_\_\_ Permit Name: **Backflow Inspection/Evaluation**

Project Number: \_\_\_\_\_ CITA ☐ Yes ☐ No C Of O ☐ Yes ☐ No

Census: \_\_\_\_\_ Qtr Sec: \_\_\_\_\_ Cncl Dist: \_\_\_\_\_ Zoning: \_\_\_\_\_

Units: **0** Occupancy: **N/A** Const Type: **N/A** Scope Code: **BACKFLOW** Struc Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_

Total: \_\_\_\_\_

This publication can be made available in alternate formats (Braille, large print, or digital media) upon request.  
Contact Planning & Development at (602) 262-7811 voice or (602) 534-5500 TTY.



**Backflow Prevention Program**  
**438 West Adams Street / Phoenix, Arizona 85003**

The city of Phoenix requires the following documentation from all companies who wish to be on the city's list of Backflow Test Companies:

1. Backflow Tester Application Form  
A form must be filled out for each tester
2. Contractor's License from Arizona Registrar of Contractors  
Telephone number 602-542-1525  
See Note below
3. City of Phoenix Privilege (sales tax) License  
Telephone number 602-262-6785
4. Backflow Prevention Assembly Tester Certificate
5. Backflow Prevention Assembly Repairers Certificate
6. Test Kit Calibrations

**Note:** If you will only be testing backflow preventers and will not be engaged in any work that requires a permit, a contractor's license is not required.

In lieu of a contractor's license, submit all other items along with a signed and dated letter stating you will only be testing and do not require a contractor's license.

The following documents will be provided by the city of Phoenix Backflow Prevention Program. All test results should be provided on the city's Backflow Prevention Assembly Test Report form.

1. Backflow Tester Application Form
2. Backflow Prevention Assembly Test Report
3. Backflow Assembly Test Form Instructions



(PLEASE PRINT LEGIBLY)

Tester Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Tester Certificate Number \_\_\_\_\_ Certificate Renewal Date \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

State Contractor's License # \_\_\_\_\_ Phoenix Business License # \_\_\_\_\_

**\*TESTING INSTRUMENT**

**Manufacturer**

**Model**

**Serial No**

\_\_\_\_\_

**Calibration Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Manufacturer**

**Model**

**Serial No**

\_\_\_\_\_

**Calibration Company** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Indicates forms for which copies are required to be attached.

**-----AFFIDAVIT-----**

As the individual seeking recognition on the city's list of Backflow Testers, I certify I have read, understand and am responsible for all requirements of the Backflow Prevention Program and agree to provide complete and accurate testing information of backflow assemblies.

\_\_\_\_\_  
Signature

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.



Please follow these instructions when completing the Backflow Prevention Assembly Test Report.

1. Provide the name of the water purveyor; if unknown, ask the contact person.
2. Provide the water meter number. The number is stamped on the body of the meter.
3. Provide the plumbing permit number if this is a new assembly or replacement assembly.
4. Provide the backflow assembly information (manufacturer, size, model number, and serial number).
5. Provide management company name, address including zip code, contact person, and telephone number.
6. Provide the name of the owner and address, or owner's representative's address including zip, contact person and telephone number.
7. Provide assembly address, on-site location of assembly, and the primary business or service performed at this location.
8. Check the appropriate box to indicate whether the assembly is a new or existing assembly. If this assembly is a replacement for another assembly, provide the serial number of the assembly that was replaced.
9. Check the appropriate box to indicate whether the assembly is used for secondary or primary protection.
- 9A. Indicate what system on which the backflow preventer is installed (fire system, landscaping, or potable).
10. Circle the appropriate assembly to indicate what type of assembly is being tested; Spillproof Vacuum Breaker (SVB), Pressure Vacuum Breaker (PVB), Double Check Valve Assembly (DC), Reduced Pressure Principle Valve Assembly (RP), or "Other." The "Other" could be air gap. If "Other," please describe in the comments section.
11. Provide the line pressure at the time of the test.
12. Enter the initial test and/or observation results for the assembly tested. Different test procedures will require different information. The test procedures will indicate the proper entry.
13. Use the "Comments" area to describe any initial observations or repairs.
14. Indicate any repairs. List any replaced parts in the "Comments" area of the test form. Part numbers must be listed.

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15. Before testing a backflow assembly on a fire sprinkler system, check with the local jurisdiction on proper procedures and notify the alarm company responsible for monitoring the fire system. If there is no alarm company, notify the Fire Department. Enter the name of the alarm company or indicate that the Fire Department has been notified. These entries along with the name of the contact person, time, and date of notification go in the "Comment" area of the test form. Provide the time and date the fire system was taken off the line and when it was returned to service.
16. When the test is complete mark either passed or failed, sign and print your name, certification number, and test kit serial number. If it fails, write the date of failure, date of repair, date passed, certificate number, and test kit serial number.

Please be advised that the timely submission of accurate testing reports is an essential element in the smooth operation of the city of Phoenix Backflow Prevention Program. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction. In addition, the owner of the assembly will be notified that the backflow certification for their assembly is not acceptable for the stated reasons.

Email Backflow Prevention Assembly Test Reports / Backflow Tester Application to [Backflow.Prevention@phoenix.gov](mailto:Backflow.Prevention@phoenix.gov) or mail to:

City of Phoenix  
Backflow Prevention Program  
438 West Adams Street  
Phoenix, Arizona 85003

If you have questions, need additional information, or would like to speak to someone in person, please call 602-534-2140 or Email at [Backflow.Prevention@phoenix.gov](mailto:Backflow.Prevention@phoenix.gov).



|   |  |                    |   |  |   |
|---|--|--------------------|---|--|---|
| 1. Water Purveyor   |  | 2. Water Meter No. |   | 3. Permit No.  |   |
| 4. Manufacturer   |  | 4. Size            | 4. Model No.  | 4. Serial No.  |   |
| 5. Management Company   |  |                    | 5. Mgmt Company Contact Person  |  | 5. Phone  |
| 5. Management Company Address   |  |                    |   | 5. City, State, Zip  |   |
| 6. Owner  |  |                    | 6. Owner Contact Person   |  | 6. Phone  |
| 6. Owner Address  |  |                    |   | 6. City, State, Zip  |   |
| 7. Backflow Assembly Address  |  |                    |   | 7. Primary Business or Service at This Location  |   |
| 7. Location of Assembly On-Site   |  |                    |   | 8. New Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Replacement Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Serial Number _____ |   |
| 9. Purpose: <input type="checkbox"/> Secondary/Containment <input type="checkbox"/> Primary/Point of Use  |  |                    | 9A. <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape <input type="checkbox"/> Potable/Domestic |  |   |
| 10. Type of Assembly: <input type="checkbox"/> SVB <input type="checkbox"/> PVB <input type="checkbox"/> DC <input type="checkbox"/> RP<br><input type="checkbox"/> Other _____ |  |                    |   | 11. Line Pressure  | Back Pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   | CHECK VALVE #1  | CHECK VALVE #2  | DIFFERENTIAL<br>PRESSURE RELIEF VALVE   | AIR INLET OPENED AT<br>_____ PSID<br>LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|---|---|---|---|---|
| <b>12.<br/>INITIAL TEST</b>   | 1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ PSID<br>2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No  | 1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ PSID<br>2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No  | OPENED AT<br>_____ PSID<br>DID NOT OPEN <input type="checkbox"/> Yes <input type="checkbox"/> No  | CHECK VALVE HELD AT<br>_____ PSID<br>2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>14.<br/>REPAIRS</b><br><u>Part numbers must be listed in Comments section.</u>   | CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>RUBBER KIT<br>DISC <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No<br>GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No<br>OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No | CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>RUBBER KIT<br>DISC <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No<br>GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No<br>OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No | CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>RUBBER KIT<br>DISC <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No<br>GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No<br>OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No | CLEANED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>REPLACED <input type="checkbox"/> Yes <input type="checkbox"/> No<br>RUBBER KIT<br>DISC <input type="checkbox"/> Yes <input type="checkbox"/> No<br>SPRING <input type="checkbox"/> Yes <input type="checkbox"/> No<br>GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No<br>OTHER <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SHUT OFF VALVE # _____ <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED <input type="checkbox"/> BOTH OK |   |   |   |   |
| <b>FINAL TEST</b>   | 1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ PSID  | 1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ PSID  | OPENED AT<br>_____ PSID<br>REDUCED PRESSURE   | AIR INLET _____ PSID<br>CHECK VALVE _____ PSID  |

**THIS REPORT IS CERTIFIED TO BE TRUE.**

| Test Company Name                | Test Company Address | Test Company Phone |                   |
|----------------------------------|----------------------|--------------------|-------------------|
|                                  |                      |                    |                   |
| 16. INITIAL TEST (IF FAILED) BY: | CERTIFIED TESTER NO. | DATE FAILED        | TEST KIT SERIAL # |
| REPAIRED (IF NECESSARY) BY:      | CERTIFICATION NO.    | REPAIR DATE        |                   |
| FINAL TEST BY:                   | CERTIFIED TESTER NO. | DATE PASSED        | TEST KIT SERIAL # |

**COMMENTS FOR 13, 14, & 15 (see instructions):** \_\_\_\_\_





Thank you for your interest in the city's Backflow Prevention Program. The safety of our city's drinking water is of vital interest to all involved. All owners of backflow assemblies are responsible for assuring their reliability and efficiency when it comes to protecting the water supply from contaminants. As an approved Backflow Tester, you will be an important link between the City of Phoenix and the owner of the backflow assembly.

Original test report(s) are required on all testable backflow assemblies, which include new backflow installations, relocated backflow preventers, replacement of a backflow preventer, hydrant meter, new construction, annual testing, etc. Receipt of timely and accurate testing reports are essential elements in the smooth operation of the city's program.

All forms, instructions, code references, technical guidelines, approved testers, and other information are available on the Backflow Prevention web site located at

<http://www.phoenix.gov/pdd/development/inspections/inspecttypes/backflow-prevention-program>

Please familiarize yourself with all information and requirements. You will be responsible for compliance with all requirements. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction, along with a copy to the owner of the backflow assembly. This will include any blank information, incorrect information, lack of meter number, lack of tester's signature, etc.

Reports must be complete and accurate. Penalties for non-compliance include, but are not limited to:

- |                        |  |
|------------------------|--|
| <b>First Incident</b>  | Written warning to tester by certified mail for at least ten (10) verified incomplete or inaccurate reports with a one-year period.                              |
| <b>Second Incident</b> | Three month suspension from recognized testers list for an additional ten (10) verified incomplete or inaccurate reports within one year following first notice. |
| <b>Third Incident</b>  | Six month suspension from recognized testers list if tester continues to submit incomplete or inaccurate reports.  |

The city reserves the right to remove a tester from the approved list permanently for repeat incidents or a serious incident such as submitting false test results. Following any suspension, a tester must file a new application together with the accompanying fee.

Original test report(s) must be signed and Emailed to [Backflow.Prevention@phoenix.gov](mailto:Backflow.Prevention@phoenix.gov), or mailed to:

City of Phoenix Backflow Prevention  
438 West Adams Street  
Phoenix, Arizona 85003

If you have any questions or need additional information, please contact 602-534-2140 or email at [Backflow.Prevention@phoenix.gov](mailto:Backflow.Prevention@phoenix.gov)

Sincerely,

Kris Hedlund  
Plumbing / Mechanical Inspections backflow Supervisor  
Backflow Prevention Program

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.



**City of Phoenix**  
PLANNING AND DEVELOPMENT DEPARTMENT

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

CERTIFIED – RETURN RECEIPT

**Subject: First Violation – Backflow Tester Noncompliance Penalty**

| Technician Name | Technician Address | Certification Number | Status |
|-----------------|--------------------|----------------------|--------|
|                 |                    |                      | Active |

**This correspondence serves as notification that you have submitted ten (10) verified incomplete or inaccurate backflow test reports within a one year period.**

Timely and accurate test reports are essential elements in the smooth operation of the city of Phoenix Backflow Program. All forms, instructions, code references, technical guidelines, recognized testers, and other information are available on the Backflow web site located at [Backflow Prevention Program | City of Phoenix](#).

Please familiarize yourself with all information and requirements. You are responsible for compliance with all requirements. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction, along with a copy to the owner of the owner of the backflow assembly. This will include any blank information, incorrect information, lack of meter number, lack of tester's signature, etc.

Penalties for future non-compliance include, but are not limited to:

**Second Incident**      Three-month suspension from recognized testers list for an additional ten (10) verified incomplete or inaccurate reports within one year following first notice.

**Third Incident**      Six-month suspension from recognized testers list if tester continues to submit incomplete or inaccurate reports.

The city reserves the right to remove a tester from the recognized list permanently for repeat incidents a serious incident such as submitting false test results. Following any suspension, a tester must file a new application.

If you have received this notice in error, wish to appeal this letter or need additional information please contact us at 602-534-2140.



**City of Phoenix**  
PLANNING AND DEVELOPMENT DEPARTMENT

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

**CERTIFIED – RETURN RECEIPT**

**Subject: Second Violation – Backflow Tester Noncompliance Penalty**

| Technician Name | Technician Address | Certification Number | Status                 |
|-----------------|--------------------|----------------------|------------------------|
|                 |                    |                      | Three-month Suspension |

**This correspondence serves as notification that you have submitted an additional ten (10) verified incomplete or inaccurate backflow test reports within a one year following first notice. Please be advised that you are suspended from the city of Phoenix Recognized List of Backflow Testers for a period of three months.**

Timely and accurate test reports are essential elements in the smooth operation of the city of Phoenix Backflow Program. All forms, instructions, code references, technical guidelines, recognized testers, and other information are available on the Backflow web site located at [Backflow Prevention Program | City of Phoenix](#).

Please familiarize yourself with all information and requirements. You are responsible for compliance with all requirements. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction, along with a copy to the owner of the backflow assembly. This will include any blank information, incorrect information, lack of meter number, lack of tester's signature, etc.

Penalties for future non-compliance include, but are not limited to:

**Third Incident**      Six-month suspension from recognized testers list if tester continues to submit incomplete or inaccurate reports.

The city reserves the right to remove a tester from the recognized list permanently for repeat incidents a serious incident such as submitting false test results. Following any suspension, a tester must file a new application.

If you have received this notice in error, wish to appeal this letter or need additional information please contact us at 602-534-2140.



**City of Phoenix**  
PLANNING AND DEVELOPMENT DEPARTMENT

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

**CERTIFIED – RETURN RECEIPT**

**Subject: Third Violation – Backflow Tester Noncompliance Penalty**

| Technician Name | Technician Address | Certification Number | Status               |
|-----------------|--------------------|----------------------|----------------------|
|                 |                    |                      | Six-month Suspension |

**This correspondence serves as notification that you have continued to submit incomplete or inaccurate backflow test reports within one year following first notice. Please be advised that you are suspended from the city of Phoenix Recognized List of Backflow Testers for a period of six months.**

Timely and accurate test reports are essential elements in the smooth operation of the city of Phoenix Backflow Program. All forms, instructions, code references, technical guidelines, recognized testers, and other information are available on the Backflow web site located at [Backflow Prevention Program | City of Phoenix](#).

Please familiarize yourself with all information and requirements. You are responsible for compliance with all requirements. Inaccurate or incomplete reports will not be accepted. Reports lacking information or with inaccurate information will be returned to the tester for correction, along with a copy to the owner of the backflow assembly. This will include any blank information, incorrect information, lack of meter number, lack of tester's signature, etc.

Penalties for future non-compliance include, but are not limited to:

The city reserves the right to remove a tester from the recognized list permanently for repeat incidents a serious incident such as submitting false test results. Following any suspension, a tester must file a new application.

If you have received this notice in error, wish to appeal this letter or need additional information please contact us at 602-534-2140.