



(PLEASE PRINT LEGIBLY)

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

Address \_\_\_\_\_

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

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

Tester Certificate Number \_\_\_\_\_ Certified 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

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