



**CITY OF PEORIA**  
**Application for Recognition as a**  
**Backflow Assembly Tester**

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READ ALL OF THESE INSTRUCTIONS AND QUESTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION

1. All statements in this application are subject to investigation by the Division.
2. The application shall be typed or filled out in blue or black ink.
3. Improperly prepared or incomplete applications will be returned.

**EDUCATIONAL INFORMATION**

COURSE NAME: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_  
COURSE LOCATION: \_\_\_\_\_  
ASETT CERTIFICATE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
AWWA CERTIFICATE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
ABPA CERTIFICATE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
PIPE CERTIFICATE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**PERSONAL AND BUSINESS INFORMATION**

TESTER NAME: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

**TEST GAUGE INFORMATION**

MAKE/MODEL: \_\_\_\_\_ GAUGE SERIAL NO: \_\_\_\_\_ EXP: \_\_\_\_\_  
MAKE/MODEL: \_\_\_\_\_ GAUGE SERIAL NO: \_\_\_\_\_ EXP: \_\_\_\_\_  
MAKE/MODEL: \_\_\_\_\_ GAUGE SERIAL NO: \_\_\_\_\_ EXP: \_\_\_\_\_  
MAKE/MODEL: \_\_\_\_\_ GAUGE SERIAL NO: \_\_\_\_\_ EXP: \_\_\_\_\_

**INSURANCE INFORMATION**

INSURANCE CO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_  
LIABILITY AMOUNT: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**CONTRACTORS LICENSE INFORMATION**

LICENSE TYPE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
LICENSE TYPE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

CITY OF PEORIA TAX ID# \_\_\_\_\_ EXPIRES: \_\_\_\_\_

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I hereby certify that this application contains no willful misrepresentations or falsification and the information given by me is true and complete to the best of my knowledge.

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

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Peoria, Arizona 85345  
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