

TOWN of CARY

Application for Certification Backflow-Prevention Assembly Technician

Name _____
Last First MI

Home Address _____ Home Telephone _____

City _____ State _____ Zip Code _____

Current Employer

Company _____ Telephone _____

Address _____ Zip Code _____

Type of Work _____

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS - ALL ARE REQUIRED

1. Certificate of Completion of approved Backflow-Prevention Assembly Tester Course
2. Plumber License Number or Equivalent Experience/Employment
3. Certificate of calibration of test equipment
4. Other (specify) _____

Signature of Applicant

Date

Please Return to:

Town of Cary
Cross Connection ORC
400 James Jackson Ave
P.O. Box 8005
Cary, NC 27512-8005

PHONE: (919) 469-4090
FAX : (919) 469-4304

For Office Use Only

Approved By _____

Date Approved _____