COUNTY OF SAN LUIS OBISPO
ENVIRONMENTAL HEALTH SERVICES
2156 SIERRA WAY PO BOX 1489
SAN LUIS OBISPO, CA. 93406
(805) 781-5544 – FAX: (805) 781-4211

APPLICATION FOR A BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION

NAME _____ DATE _____
LAST FIRST MIDDLE

MAILING ADDRESS _____
STREET CITY ZIP

E-MAIL ADDRESS _____ (H) PHONE _____
BUSINESS NAME _____ (W) PHONE _____

DATE OF BIRTH ___/___/___ WEIGHT _____ HEIGHT _____

EYE COLOR _____ HAIR COLOR _____

TESTER CERTIFICATION NUMBER _____ ☐ **AWWA** EXPIRATION DATE _____

TESTER CERTIFICATION NUMBER _____ ☐ **ABPA** EXPIRATION DATE _____

TEST KIT CALIBRATION DATE _____

WOULD YOU LIKE YOUR NAME TO APPEAR ON THE COUNTY OF SAN LUIS OBISPO CERTIFIED TESTER LIST? **THE TESTER LIST IS ENCLOSED WITH THE MONTHLY TEST AND MAINTENANCE FORMS.*

☐ YES

☐ NO

WHAT IS YOUR SERVICE AREA (PLEASE CIRCLE ALL THAT APPLY)?

ALL SOUTH COUNTY NORTH COAST NORTH COUNTY NORTH COUNTY

SLO SOUTH COAST

SIGNATURE _____

COUNTY OF SAN LUIS OBISPO ISSUED

TESTER NUMBER _____