

**Application for City of Lawrenceville Listing of Backflow Prevention
Assembly Testers**

Please complete the following application and fax to 770-513-7126

City of Lawrenceville
Water Department/Backflow Program
70 South Clayton Street
Lawrenceville, GA 30046

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Cell Phone # (*optional*): _____ Pager (*optional*): _____

Backflow Training Institute: _____

Certification Expiration Date: _____ Backflow Tester Certification #: _____

Type of Test Kit: _____ Test Kit Calibration Date: _____ Kit Serial #: _____

Business License Number: _____ County: _____

Are you a certified plumber? Circle one. (Y / N)

Plumber's License Number: _____ Expiration Date: _____

Do you own a toxic gas detector? Circle one. (Y / N)

Do you have liability insurance? Circle one. (Y / N)

Attach copies of:

- | | |
|---|---|
| <input type="checkbox"/> Backflow Tester Certification | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Backflow Tester Certification Card | <input type="checkbox"/> Plumber's License |
| <input type="checkbox"/> Testing Device Calibration Report | <input type="checkbox"/> Certificate of Liability Insurance |