



# CITY OF DESOTO

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## CERTIFIED BACKFLOW TESTER APPLICATION

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### General Information

Tester's Name \_\_\_\_\_ Certified Tester # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Company/Employer Name \_\_\_\_\_  
Company/Employer Address \_\_\_\_\_  
Company/Employer Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Additional State Licensing Information

TECQ Tester \_\_\_\_\_ Date Expires \_\_\_\_\_  
Fire Sprinkler Installer \_\_\_\_\_ Irrigation Installer \_\_\_\_\_  
Master Plumber \_\_\_\_\_ Other \_\_\_\_\_

### Test Gauge and Calibration Information

Gauge \_\_\_\_\_ Date \_\_\_\_\_  
Mfgr \_\_\_\_\_ Model \_\_\_\_\_ Gauge ID \_\_\_\_\_ Calibrated \_\_\_\_\_

\_\_\_\_\_  
Calibrated by / Address / City / State / Zip / Phone

Photocopy of Test Gauge Calibration Required

### Confined Space Training Information

Date Completed \_\_\_\_\_ Instructor \_\_\_\_\_

Location of Sponsor \_\_\_\_\_

Photocopy of Confined Space Training Required

I hereby certify that the above is true. \_\_\_\_\_

Tester's Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date