



101 Town Centre Blvd **WATERWORKS DEPARTMENT**
 Markham, ON L3R 9W3
 Tel: (905) 475-4862 Fax: (905) 479-7772
 Email: sgao@markham.ca

Backflow Preventer Tester Application Form

Testers Name	Home Phone Number	E-mail	
Testers Address	City	Province	Postal Code
Business Name	Business Phone Number	Business Fax Number	
Business Address	City	Province	Postal Code
E-mail	Occupation	Cell Phone Number	

Testers Certification Information

New Application

Complete this section and provide the following if applying for a Markham Backflow Preventer Tester Registration Number for the first time:

- A copy of your Cross Connection Control Tester Certificate issued by AWWA or approved equivalent.
 Note: Please include the issue date: _____
- A completed and valid Calibration Certificate for Backflow Prevention Assembly Test Equipment.
- A copy of your Certificate of Qualification – Plumber # _____
- A copy of your Professional Engineer, Engineering Technologist or Fire System Sprinkler Fitter papers
- Plumber Apprenticeship Papers
- Proof of your valid Liability Insurance Policy (expiry date no less than 6 months after the application date)

Forward this application, verification documents and valid calibration certificate to:
 Shu Min Gao, Waterworks Department
 101 Town Center Blvd, Markham, ON, L3R 9W3

“I have included copies of my professional certification, including a copy of my Cross Connection Control Tester Certificate. Please add my name to Markham Backflow Preventer Testers list.”

 Signature of Applicant

 Date

*****For Office Use Only*****

Tester’s Registration Number: _____ Date issued: _____
 Registration Approved By: _____ Date: _____
 Signature: _____