

Backflow Prevention Program

Plumbing Contractors Registration Form

Business Name	Address	City	Postal Code
Type of Service Provided: <input type="checkbox"/> – Perform Cross Connection Survey <input type="checkbox"/> – Install Backflow Prevention Device <input type="checkbox"/> – Test Backflow Prevention Device		Primary Contact	Business Phone
Cell	Business Fax	E-mail Address	
Registrant Journeyperson Plumber Name: OCOT Membership #: C of Q #: Tester Certificate # <small>(if applicable)</small> (OWWA or ASSE):		Test Kit Calibration Certificate(s) #	Test Kit Calibration Certificate(s) #
Name of Additional Journeyperson: OCOT Membership #: C of Q #:		Journeyperson Tester Certification # (OWWA or ASSE)	
Name of Additional Journeyperson: OCOT Membership #: C of Q #:		Journeyperson Tester Certification # (OWWA or ASSE)	
Name of Additional Journeyperson: OCOT Membership #: C of Q #:		Journeyperson Tester Certification # (OWWA or ASSE)	
Name of Apprentice: OCOT Membership #:		Apprentice Testers Certification # (OWWA or ASSE)	
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_____ Signature of Plumbing Contractor		_____ Date	