



# PETERBOROUGH UTILITIES COMMISSION

1867 Ashburnham Drive, Peterborough, Ontario  
Partners in Peterborough Green-Up

## Backflow Prevention Device Tester Application Form

Please print clearly

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 PUC 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)

Please check one:

- Annual Registration Fee (Applications submitted between March 31 to March 31) \$100.00+HST
- Semi-Annual Registration Fee (Applications submitted between September 01 and March 31) \$50.00 +HST
- Transient Registration Fee (Registration valid for 30 days from date of issue) \$50.00 +HST

Please make cheques payable to : "Peterborough Utilities Commission"

Forward this Application, Registration fee, verification documents and valid calibration certificate to:  
Steve Gould, Peterborough Utilities Commission, 1867 Ashburnham Drive  
P.O. Box 4125, Station Main, Peterborough, ON. K9J 6Z5

"I have included copies of my professional certification, including a copy of my Cross Connection Control Tester Certificate. Please add my name to the PUC's Registered Testers list."

\_\_\_\_\_

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

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

Tester's Registration Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Registration Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Registration Fee Received \_\_\_\_\_