



Dalton Water Association, Inc.

(208) 772-5639

6360 N. 4th Street

Dalton Gardens, Idaho 83815

**APPLICATION FOR BACK FLOW ASSEMBLY TESTING
WITHIN THE BOUNDARY OF DALTON WATER ASSOCIATION**

Name: _____ Company: _____

Address: _____ Daytime #: _____

_____ Cell #: _____

Email: _____

Employer: _____

Address: _____ Phone #: _____

_____ Fax #: _____

B.A.T. Certification #: _____ State: IDAHO

Expiration Date: _____

Backflow Assembly Tester Recertification Date: _____

*(*ID / Mandatory every two years)*

Test Equipment Verification of Calibration Date: _____

*(*Mandatory annually)*

Copies of the current year's annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application.

You may mail, fax, or email backflow assembly test reports.

Signature: _____ **Date:** _____

Office hours: Tuesdays, Wednesdays & Thursdays – 12:00 PM to 5:00 PM

Email: officemanager@daltonwaterassociation.com

Website: www.daltonwaterassociation.com

Fax #: (208) 772-4568