DALTON WATER ASSOCIATION
6360 N.4TH STREET
DALTON GARDENS, IDAHO 83815
APPLICATION FOR BACK FLOW ASSEMBLY TESTING
WITHIN THE BOUNDARY OF DALTON WATER ASSOCIATION

Name: _____ Date: _____

Address: _____

_____ Zip: _____

Telephone Daytime: _____ Evening: _____

Current Employer: _____

Address: _____

_____ Zip: _____

Telephone: (_____)_____ Fax (_____)_____

Cell No.: (_____)_____

B.A.T. Certification No.: _____ State: Idaho Expiration Date: _____

B. A. T. Recertification Date: _____

Backflow Assembly Tester Recertification Date: _____
(*ID / Mandatory every two years)

Test Equipment Verification of Calibration Date: _____
(*Mandatory annually)

NOTE: Copies of the 2010 annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application.

****NOTE: If more convenient than submitting hard-copies or faxing backflow assembly test reports to DALTON WATER ASSOCIATION you may now e-mail backflow assembly test reports as attachments to Joanne@daltonwaterassociation.com**