

DALTON WATER ASSOCIATION
6360 N. 4th Street, Dalton Gardens, ID 83815

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

Name: _____

Address: _____

Daytime #: _____ Cell #: _____

Current Employer: _____

Address: _____

Phone #: _____ Fax #: _____

B.A.T. Certification #: _____ 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)

Completed by: _____	Date: _____
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Copies of the 2017 annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application.

*You may now submit backflow assembly test reports to **DALTON WATER ASSOCIATION**
by mailing to 6360 N. 4th St. Dalton Gardens, ID 83815,
by faxing to (208) 772-4568, or
by emailing to officemanager@daltonwaterassociation.com*