



2012

Public Works Department

APPLICATION FOR BACKFLOW ASSEMBLY TESTING
WITHIN THE CITY OF RATHDRUM

Date: _____

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____ CELL: _____

CURRENT EMPLOYER: _____

ADDRESS: _____

CITY: _____

PHONE: _____ FAX: _____

CELL: _____

BAT Certification No: _____ State: _____ Issue Date: _____

Cross Connection Control/BAT Re-Certification Date: _____

Test Equipment Verification of Calibration – Date: _____ (required annually)

*A copy of the annual report verifying test equipment calibration and current certifications must accompany this application.

*The City of Rathdrum will distribute this information to the general public and on our website. Please notify our office if you **do not** want your information forwarded.