

# **Backflow Tester Application/Policy**

## **Backflow Tester Policy**

### **Location of Cross Connection Control Office**

The City of Avondale Cross Connection Control Program is within the Regulatory Compliance Department. Test forms, tester certification, equipment calibration forms, or other related correspondence shall be emailed or sent to:

Avondale Backflow  
Cross Connection Program  
399 E. Lower Buckeye Rd.  
Avondale, AZ 85323

Email: [backflow@avondaleaz.gov](mailto:backflow@avondaleaz.gov)

### **Permits Requirements for Backflow installations**

The City of Avondale requires backflow installation permits for all new installation of backflow assemblies. Permits must be obtained Development and Engineering at Services Department located at 11465 W. Civic Center Dr. For inspection of backflow install and underground piping please contact the engineering field inspector at 623-333-4200 to schedule.

### **Tester Certification**

Testers are required to have a current tester certification, calibration report, Avondale business license, and liability insurance for test reports to be accepted. Failure to maintain required documentation updated will result in the tester and or company removal from the list of recognized testers.

If you have any questions please contact:

Avondale Backflow  
623.333.4405  
[backflow@avondaleaz.gov](mailto:backflow@avondaleaz.gov)

## Certified Tester Information Application/Update

Please fill out this form and provide copies of the following information to update our files for our certified testers list. **(Please complete one form for each tester.)**

### Employer:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Contractor's License: *(provide copy of license)*

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_

### Insurance Coverage: *(provide copy of insurance)*

Company Name: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_

### City of Avondale Tax I.D. Number: *(provide copy of Avondale business license)*

I.D. Number: \_\_\_\_\_

### Test Equipment:

Make Model Serial Number Calibration Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please provide copies of each certification, and test gauge calibration)*

### Certified Tester:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Certification Agency: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Certification Expires: \_\_\_\_\_

*(Please provide copies of the tester's certification)*

**I have read and understand the Certified Tester Policy and will follow policy rules when testing in the City of Avondale.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_