

**Application for City of Loganville Listing of Backflow Prevention
Assembly Testers**

Please complete the following application and fax to 770-466-6725

City of Loganville
Water Department/Backflow Program
4895 Highway 81.North
Loganville, GA 30052

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Cell Phone # (*optional*): _____ Alternative (*optional*): _____

Backflow Training Institute: _____

Certification Expiration Date: _____ Backflow Tester Certification #: _____

Type of Test Kit: _____ Test Kit Calibration Date: _____ Kit Serial #: _____

Business License Number: _____ County/City: _____

Are you a certified plumber? Circle one. (Y / N)

Plumber's License Number: _____ Expiration Date: _____

Do you own a toxic gas detector? Circle one. (Y / N)

Do you have liability insurance? Circle one. (Y / N)

Attach copies of:

- Backflow Tester Certification Business License
- Backflow Tester Certification Card Plumber's License (if applicable)
- Testing Device Calibration Report Certificate of Liability Insurance