



APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY TESTER

PUBLIC WORKS DEPARTMENT

1951 South River Road
West Sacramento, CA 95691
pwoffice@cityofwestsacramento.org
Phone: (916) 617-4834

PLEASE PRINT CLEARLY

Name:	
A.W.W.A. Certification Number:	
Company Name:	
Address:	
City, State, Zip	
Phone:	
Fax:	
Email address:	

Instrument Identification Numbers	Last Test Date

ANNUAL TESTER FEE: \$40.00 PER YEAR, PER TESTER

Please complete and return this application with payment to:

*City of West Sacramento
Public Works, Backflow Department
1951 South River Road
West Sacramento, CA 95691*

PLEASE MAKE CHECK PAYABLE TO: CITY OF WEST SACRAMENTO

Signature: _____

Date: _____

OFFICE USE ONLY: Date Paid: _____ Check/Receipt#: _____ Date Entered: _____ Initials: _____