



APPLICATION FOR A CROSS CONNECTION AND BACKFLOW PREVENTION TESTERS CERTIFICATE

NAME: _____
 ADDRESS: _____

 _____ POSTAL CODE _____
 TELEPHONE: _____

PRESENT EMPLOYER/COMPANY NAME: _____
 ADDRESS _____

 _____ POSTAL CODE _____
 TELEPHONE (WORK) _____

NEW Complete this section and provide the following if applying for a certification number for the first time:

- A copy of your *Cross Connection Control Special Certificate* issued by the ACWWA or approved equivalent.
- A completed *Cross Connection Control Accuracy Verification Record for Backflow Prevention Assembly Test Equipment*.
- A copy of your current *Certificate of Insurance* or other proof of liability insurance.
- Journeyman Certificate # _____ CCC # _____ (office use only)

SIGNATURE OF APPLICANT: _____ DATE: _____

RENEWAL Complete this section and provide the following if you are renewing your license number:

EXISTING LICENSE NUMBER: _____ Expiry Date of Last License _____
 YY/MM/DD

RP _____ Indicate number of assemblies tested last year
 DCVA _____
 PVB _____

- A copy of your *Cross Connection Control Special Certificate* issued by the ACWWA or approved equivalent.
- A completed *Cross Connection Control Accuracy Verification Report for Backflow Prevention Assembly Test Equipment*.
- A copy of your current *Certificate of Insurance* or other proof of liability insurance.

SIGNATURE OF APPLICANT: _____ DATE: _____

Application Fee \$40.00

Forward this completed application and requested documents to:

Customer Service, City of Fredericton

Form No.:	PUB-FRM-094E	Service:	Cross Connection Control
Issue No.:	1.2	Issue Date:	03/11/14
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