

Approved Backflow Prevention Tester Criteria

The following is a criteria list to be met in order to apply for inclusion on our Outside Testers list. Please review the below listed criteria prior to filling out and submitting the application for review.

1. Applicant must be certified and be current as an AWWA General Tester for a period of two years prior to applying.
2. Applicant and/or Company must not have been removed from another Agency's list, reprimanded by or subject of an investigation by an agency, or water utility related to backflow prevention device testing, installation, and repair or reporting.
3. Applicant must not have engaged in dishonest or illegal business practices or installed, repaired or tested devices in a negligent manner within the District.
4. Applicant must have tested a combined total of 100 backflow devices within the last two years, or is employed by a company with a staff member who has such experience (journeyman).
5. Applicant and/or Company must not have performed backflow prevention testing within the District's service area without having District approval.
6. Applicant and/or Company must not have any unresolved customer complaints reported to the District, the Better Business Bureau or the State Contractor's License Board.
7. All Backflow Prevention Tester Applications must be submitted between November 1st and November 30th for the following year.



APPLICATION FOR CERTIFICATION AS BACKFLOW
PREVENTION TESTER/COMPANY & INDIVIDUAL

1. Name of Applicant/Business: _____
2. Address of Applicant/Business: _____
3. Phone Number of Applicant/Business: _____
4. Email Address: _____

5. Please fill out the following information for all persons who will perform tests and/or repairs.
(Attach a separate sheet if necessary)

Name: _____

Residence Address: _____

Relationship to Applicant: _____

Years as a Tester: _____

Length of Employment: _____

AWWA Certificate Number: _____

Approximately how many backflow prevention assemblies were tested by applicant in the last 2 years? _____

5. Does each person work full-time (at least 30 hours per week) for applicant?
 Yes
 No
6. If not, please indicate average number of hours per week he/she worked for applicant during the past year. _____
7. Please attach a copy of AWWA general tester certificate and current wallet card for each person listed.

8. Please list name, address, and phone number of five (5) customers for whom applicant performed testing last year.

1.)

Name: _____

Address: _____

Phone: _____

2.)

Name: _____

Address: _____

Phone: _____

3.)

Name: _____

Address: _____

Phone: _____

4.)

Name: _____

Address: _____

Phone: _____

5.)

Name: _____

Address: _____

Phone: _____

8. Has the applicant, any predecessor of applicant, or any shareholder, director, officer, partner or employee of applicant (or any other company owned or controlled by any of the foregoing) been removed from a list of certified/approved testers, reprimanded by or the subject of an investigation by any governmental agency, or water utility related to backflow prevention assembly testing?

Yes

No

If “yes”, please give full details on separate sheet.

9. If the applicant is a business:

- Is it in good standing and authorized to do business in California?

Yes

No

- Please give names and addresses of owners, partners, directors and officers on a separate sheet.
- Attach a copy of current business licenses for the cities of Fremont, Newark and Union City
- Please give name, address, email address, and phone number of person Alameda County Water District should contact with regard to this application:

Name: _____

Address: _____

Phone Number: _____

10. Fee Schedule:

Individual Backflow Tester.....\$25.00

Backflow Company\$25.00

Company Owner and Backflow General Tester\$50.00

(Examples:

1.) Individual employed by company to perform testing = \$25.00 yearly renewal fee.

2.) The company that employs backflow testers = \$25.00 yearly renewal fee.

3.) Company owner and also performs testing = \$50.00 yearly renewal fee).

On behalf of the applicant, I (1) agree to comply with all such policies and procedures and to instruct all individuals employed or otherwise engaged by applicant to perform tests to comply with them; (2) agree that failure to comply with such policies and procedures may result in ACWD removing the applicant and/or individual testers from the list of approved testers and testing companies; and (3) authorize Alameda County Water District to contact any government agency, water utility or customer with regard to this application.

Signature of Authorized Representative of Applicant

[Please Print Name]

Position/Title: _____

Date Signed: _____

Return application/fees to: ACWD/Backflow Department
43885 So. Grimmer Blvd.
Fremont, CA 94538