



Ventura County Environmental Health Division
 800 S. Victoria Ave., Ventura CA 93009-1730
 TELEPHONE: 805/654-2813 or FAX: 805/654-2480
<https://vcrma.org/divisions/environmental-health>

APPLICATION - BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATE

VALID FOR TWO (2) YEARS FROM ISSUE

Contact Cross Connection Control Specialist to schedule exam. Allow one hour for test.

Applicant Name _____

Home St. Address, City, Zip _____

Telephone _____ Email _____

PRESENT EMPLOYMENT

Company Name _____ Telephone _____

St. Address _____

City, State, Zip _____

Type of Work _____

EXPERIENCE, EDUCATION, TRAINING IN CROSS-CONNECTION AND BACKFLOW

► Current backflow certifications:

Organization _____ License # _____

Organization _____ License # _____

Organization _____ License # _____

► Education & training courses successfully completed: If renewing, enter name and date of most recent refresher course.

Institution Name _____

Course Name _____ Date Completed _____

► California Contractor's License # (if any) _____

► Provide verification of test equipment calibration within the last 12 months. Make/Model _____

To be completed by Exam Proctor: Calibration by _____ Date of Calibration _____

CERTIFICATION DESIRED (check all that apply)

_____ GENERAL CERTIFICATE – Commercial testing of any backflow device.

_____ RENEWAL – Recertification is required periodically by the County Environmental Health Division.

FOR EHD USE ONLY

Date	Time	Assembly	Passed?	Assembly	Passed?	Assembly	Passed?	Assembly	Passed?
		DC		RP		PVB		SVB	
		DC		RP		PVB		SVB	
		DC		RP		PVB		SVB	

BACKFLOW TESTER EXAM PROCTOR _____

CERTIFICATION APPROVED BY R.E.H.S. _____ Date _____

Date Recd _____ Recd by _____ Amt Recd _____ Rcpt # _____

Check # _____ Date new card issued _____