

Application Instructions for
Backflow Prevention Assembly Tester Registration
City of Sioux Falls

Registration Application

Form must be fully completed, signed, and dated by the person requesting registration.

Applicants must include a copy of the certificate for the successful completion of training course on the subject of cross-connections and operation, maintenance, testing, and repair of backflow prevention assemblies.

A copy of the tester's ABPA certificate must be included with their application.

Change of Employer

A new application must be filled out EVERY TIME a tester changes employer.

Expiration

Registrations expire per lapse of ABPA certification or change of employer.

General

Applications will not be processed until all documents have been received.

Notification

Tester will be notified via email or phone of the acceptance or denial of their application. Submission of application does not suffice as permission to test. Tester must wait for approval from the City.

City of Sioux Falls, South Dakota
Backflow Prevention Assembly Technician Application Form

Name: _____ Business: _____
Home address: _____ Business address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Business telephone _____

Use home address for mailing

Use business address for mailing

Telephone number(s) to contact you: _____

Does the above-mentioned company want to be listed on a "Backflow Prevention Assembly Technician Approved List" that will be available to the public? Yes No

If yes, what devices does the above-mentioned company want to test?

Irrigation system devices

Fire protection system devices

Containment/isolation devices other than devices on the above-mentioned systems

Applicant Status?

New

Renewal

Change of Employer

I hereby certify that the above information is true to the best of my knowledge. I also understand that falsification of this application or any other City of Sioux Falls backflow prevention paperwork shall result in immediate decertification from the City of Sioux Falls "Backflow Prevention Assembly Technician Approved List." I also certify that I am acting as an agent for the owner of the company listed above.

Signature: _____ Date: _____

Printed Name: _____ Date: _____