



Public Services Department
Water Division

BACKFLOW TESTER REGISTRATION

Name

Last

First

Middle

Address:

Street

(Apt)

City, State

Zip

Contact Information:

Telephone

Mobile

Email

Current Employer:

Employer Address:

Street

(Apt)

City, State

Zip

Employer Information:

Telephone

Mobile

Email

I. B. O. L. / B. A. T. No.:

Expiration Date:

Backflow Assembly Tester Recertification Date:

(Mandatory Every two years)

Test Equipment Verification of Calibration Date:

(Mandatory Annually)

NOTES: The City of Post Falls has your permission to distribute as well as post your company, employees' and telephone number on the City's web page available to the general public.

Please check one: (YES) (NO)

Copies of the current annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application. The City of Post Falls requires both, a backflow assembly test report be submitted to the Water Division within ten (10) days of test, and a "TAG" containing the tester's name and date of satisfactory test be attached to the assembly. Any backflow prevention assembly left in a failed (non-passing) condition, posing a potential threat to the public potable water supply must be reported to the Water Division within 24 hours!

The Water Division no longer has a fax machine. Hand deliver, mail or preferably e-mail backflow assembly test reports to the waterdivision@postfallsidaho.org. All forms are available on the City website at www.postfallsidaho.org. There is a test report drop box located at the Water Division Office for your convenience as well.