



**CERTIFIED BACKFLOW ASSEMBLY
TESTER LIST REQUEST FORM**

To be added to our Certified Backflow Assembly Tester (BAT) list, please print and complete this form, attach the required documentation, and return to:

Silver Lake Water and Sewer District
P.O. Box 13888
Mill Creek, WA 98082-1888
Attention: Cross Connection Dept.
Fax: (425) 337-4399, or pdf to: cparks@slwsd.com

Note: Your name remains on our list as long as all required information is current. For example; if your insurance or gauge calibration expires, so does your listing. ***It is up to you to keep your information current.*** Please specify which test kit is used by which tester. If test equipment is shared, please note. **A separate copy of this form must be completed for each tester.**

Please add me to your Certified BAT list:

* indicates required information

- * Company name: _____
- * Address: _____
- * City, State, Zip: _____
- L&I Contractor No: _____
- * Phone: (_____) _____
- * Tester Name: _____
- * Tester Contact Phone: (_____) _____
- * BAT No: **B-** _____
- L&I Specialty Plumbers License No: _____
- Email: _____
- Area of specialty (ies): _____
Irrigation installation, repair, test only, etc.

Please read and sign below.

I certify that I will perform testing in accordance with current Washington State backflow assembly testing procedures and all applicable laws and ordinances. Only your company name and contact phone number will be published on our web site or printed list. You will not be listed if all required information is not provided. The District will **not** follow up on incomplete information.

Date: ____/____/____

Signed: _____

***Attached are copies of: () current BAT card. () current test gauge calibration.
() Insurance: minimum 1 million dollars general liability.**