



Dear Tester  
For our records, please complete and return.

PLEASE INDICATE IN WHICH AREA DO YOU TEST, INSTALL, OR REPAIR BACKFLOW ASSEMBLIES.  
PLEASE RETURN TO THE THE PAWTUCKET WATER SUPPLY BOARD AT THE ABOVE ADDRESS

**PLEASE NOTE - DOMESTIC USE INCLUDES LAWN IRRIGATION AND INTERNAL PROTECTION**

TEST	
DOMESTIC	<input type="checkbox"/>
FIRE	<input type="checkbox"/>

REPAIR	
DOMESTIC	<input type="checkbox"/>
FIRE	<input type="checkbox"/>

INSTALL	
DOMESTIC	<input type="checkbox"/>
FIRE	<input type="checkbox"/>

Thank You

*John R. Davies*

Cross-Connection Control Technican

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Testers Name and Cert #

PLEASE PRINT

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DATE