

BACKFLOW ASSEMBLY TESTER RECERTIFICATION

Date: _____

Tester's Name: _____

Company Name: _____

Mailing Address: _____

City State Zip

SC DHEC Certification Number
<i>List all of your current certification numbers</i>
General: _____
Limited: _____
Inspector: _____

Tester's Phone Numbers:

Business Phone: _____

Cellular: _____

Fax: _____

Email: _____


Dates Not Available for Clinics:
Note: Clinic Days Typically Tuesday - Thursday

Do you accept text messages? YES NO

Does the applicant hold more than one certification? YES NO

Does the applicant own or use more than one test kit? YES NO

Type of Test Kit: 3 VALVE 5 VALVE

SEND FORM AND PAYMENT TO ADDRESS
<p>Inman-Campobello Water District (ICWD) Attn: Kermit Johnson 5 Prospect Street, Inman, SC 29349</p> <p>kjohnson@icwd.org Phone: (864) 472-2858 ext: 108 Fax: (864) 472-6812</p> <div style="text-align: center;">  <p>INMAN CAMPOBELLO water district</p> </div>

THIS APPLICATION FORM IS YOUR INVOICE
<p>Recertification Fee: \$50.00 Administrative Charge: \$35.00</p> <p>Payment Due: \$85.00</p> <p>Payment Received: _____</p>
SELECT PRE-PAYMENT METHOD (NO REFUNDS for Failure to Attend Clinic)
<p><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD AT CLINIC</p>