



**Certified Backflow Tester List
Application
(Company or Individual)**

Effective Date: 1/15/09

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**Attention Backflow Testers, Plumbing Contractors
and Fire Sprinkler System Contractors**

Please complete the attached form to have a company or individual considered for inclusion on the Certified Backflow Tester List. The list will be provided to Charlotte County Utilities customer upon request and will also be posted on the Charlotte County Web site. Companies that test only fire sprinkler system backflow preventers will be listed separately.

Please include copies of certificates, cards or other relevant documents to aid in the verification process. This form can be faxed or mailed to:

Fax: 941.627.4603; Attn: Gordon Madara
Mail: Charlotte County Utilities
25550 Harbor View Rd., Suite 1
Port Charlotte, FL 33980
Attn: Gordon Madara

If you have any questions please contact me:

Gordon Madara, Utilities Water Quality Control Coordinator
941.883.3501 or 941.628.1629
Gordon.Madara@charlottefl.com

Charlotte County Utilities
25550 Harbor View Road
Port Charlotte, FL 33980
Phone: 941.764.4595 or 941.883.3501



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Please complete this form to be considered for inclusion on our list of Certified Backflow Testers. This list is made available to Charlotte County Utilities commercial and residential customers upon request and is also available on the County Web site.

BACKFLOW TESTER INFORMATION (Company or Individual)

NAME OF COMPANY OR INDIVIDUAL: _____

COMPANY TYPE:

- _____ PLUMBING CONTRACTOR
- _____ TESTING ORGANIZATION or INDIVIDUAL TESTER
- _____ FIRE SPRINKLER SYSTEM CONTRACTOR
- _____ OTHER (Please Specify) _____

FIRE SPRINKLER SYSTEM CONTRACTORS:

- _____ WILL TEST ONLY FIRE SYSTEM BACKFLOWS
- _____ WILL TEST EITHER POTABLE WATER OR FIRE SYSTEM BACKFLOWS

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

CONTACT PERSON: _____

CERTIFIED TESTERS

NAME	CERT. #	EXP DATE	CERTIFYING ORG.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIABILITY INSURANCE INFORMATION

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____