

RENEWAL FOR CROSS CONNECTION CONTROL TESTERS LICENCE

Testers AWWA Number		Certification Year	
Name		Home Phone ()	
Home Address			
City	Province	Postal Code	
Occupation			Cell Number ()
Employer			Employer Phone Number ()
Address			Fax Number ()
Email			
City	Province	Postal Code	
Test Equipment Number		Date of Last Accuracy Verification	
Make	Model	Serial Number	

Complete this section and provide the following:

1. **City of Saskatoon Business License.**
2. **General Liability Insurance.**
3. A current **Cross Connection Control Accuracy Verification Report** or **Calibration Certificate** for Backflow Prevention Assembly Test Equipment.
4. List six serial numbers and addresses of the Cross Connection Control devices tested last year (minimum 6 required).

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Information on this form is collected under the authority of the *Local Authority Freedom of Information and Protection of Privacy Act* Section 24 and is used solely for the purpose of information to record test details and results.

Signature of Applicant	YYYY	Date MM	DD
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FOR OFFICE USE ONLY							
Classification	Approved	YYYY	Issue Date MM	DD	YYYY	Renewal Date MM	DD

Please email to: **cross.connection@saskatoon.ca**
 OR
 Please mail to:
 City of Saskatoon
 Saskatoon Water
 1101 Spadina Crescent West
 Saskatoon, SK S7M 1P3

If you are having difficulty submitting the completed form, please save to your desktop and send as an email attachment to the above with the subject: **Cross Connection Control Tester – Annual Certification.**