



**BACKFLOW ASSEMBLY TESTER
RECERTIFICATION**

DATE: _____

Testers 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 Phone Numbers

Phone: _____

Cellular: _____

Fax: _____

Company #: _____

Recertification Clinic Dates	
First Date:	_____
Alternative Date:	_____

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 check for \$75.00 to address below

*Inman-Campobello Water District (ICWD)
ATTN: Kermit Johnson
5 Prospect Street
Inman, SC 29349*

Recertification Fee: \$50.00
Administrative Charge: \$25.00

Payment Due: \$75.00

kjohnson@icwd.org
Fax: (864) 472-6812

Payment Received: _____