BACKFLOW ASSEMBLY TESTER RECERTIFICATION

Date: _____

Tester's Name: _____

Company Name: _____

Mailing Address: _____

_____

_____

City **State** **Zip**

SCDES Certification Number
List all of your current certification numbers
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

Inman-Campobello Water District
(ICWD) Attn: Leigha Caulder
5 Prospect Street,
Inman, SC 29349

Email: leighac@icwd.org
Phone: (864) 806-9113
Fax: (864) 472-6812

INMAN CAMPOBELLO water district

THIS APPLICATION FORM IS YOUR INVOICE

Recertification Fee: $60.00
Administrative Charge: $35.00

Payment Due: $95.00

Payment Received: _____

SELECT PRE-PAYMENT METHOD
(NO REFUNDS for Failure to Attend Clinic)

☐ CASH
☐ CHECK
☐ CREDIT CARD AT CLINIC