



APPLICATION FOR REGISTERING A CROSS CONNECTION CONTROL TESTERS CERTIFICATION NUMBER

E 1397 (R2017-06)

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

COMPLETE SECTION A OR B

SECTION A: NEW REGISTRATION
<p>Provide the following if registering a certification number for the first time.</p> <ol style="list-style-type: none"> 1. A copy of your Cross Connection Control Specialist Certificate issued by the AWWA Western Canada Section or approved equivalent (issue date shall not be older than five years). 2. A current Cross Connection Control Accuracy Verification Report or Calibration Certificate for Backflow Prevention Assembly Test Equipment.

SECTION B: RE-REGISTRATION						
<p>Complete this section and provide the following if renewing your registration.</p> <ol style="list-style-type: none"> 1. A copy of your Cross Connection Control Specialist Certificate issued by the AWWA Western Canada Section or approved equivalent (issue date shall not be older than five years). 2. List six serial numbers and addresses of the Cross Connection Control devices tested last year (minimum 6 required). <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">4. _____</td> </tr> <tr> <td>2. _____</td> <td>5. _____</td> </tr> <tr> <td>3. _____</td> <td>6. _____</td> </tr> </table> 3. A current Cross Connection Control Accuracy Verification Report or Calibration Certificate for Backflow Prevention Assembly Test Equipment. 	1. _____	4. _____	2. _____	5. _____	3. _____	6. _____
1. _____	4. _____					
2. _____	5. _____					
3. _____	6. _____					

The personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* Section 33(c) and is used solely for the purpose of information to record test details and results. For additional information, contact The City of Calgary at 3-1-1.

Signature of Applicant	Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">MM</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD		

FOR OFFICE USE ONLY									
Classification	Approved	Issue Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">MM</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD	Renewal Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">YYYY</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">MM</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">DD</td> </tr> </table>	YYYY	MM	DD
YYYY	MM	DD							
YYYY	MM	DD							

If you are having difficulty submitting the completed form, please Save to your desktop and send as an email attachment to: crossconnection@calgary.ca with Subject: Cross Connection Control Tester Information Change.

To forward this completed application by mail or in person:

The City of Calgary (#435)
 P.O. Box 2100, Station "M"
 Calgary, AB T2P 2M5

OR

Cross Connection Control Office
 Water Centre
 625 - 25 Ave S.E., 2nd floor

ISC: Confidential