



# APPLICATION FOR REGISTERING A CROSS CONNECTION CONTROL TESTERS CERTIFICATION NUMBER

E 1397 (R2022-12)

Testers AWWA Number	Certification Year	
Full Name	Preferred Name	
Email		
Occupation	Cell Number (       )	

Employer	Employer Phone Number (       )	
Address	Email	
City	Province	Postal Code
Test Equipment Serial Number	Issue Date of Calibration or Calibration Date	
Make	Model	

## COMPLETE SECTION A OR B

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

SECTION B: RE-REGISTRATION						
Complete this section and provide the following if renewing your registration.						
<ol style="list-style-type: none"><li>1. A copy of your <b>Cross Connection Control Specialist Certificate</b> issued by the AWWA Western Canada Section or approved equivalent (issue date shall not be older than five years).</li><li>2. List six serial numbers and addresses of the Cross Connection Control devices tested last year (minimum 6 required). <table><tr><td>1. _____</td><td>4. _____</td></tr><tr><td>2. _____</td><td>5. _____</td></tr><tr><td>3. _____</td><td>6. _____</td></tr></table></li><li>3. A current <b>Cross Connection Control Accuracy Verification Report</b> or <b>Calibration Certificate</b> for Backflow Prevention Assembly Test Equipment.</li></ol>	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 FOIP PA; City of Calgary Water Services, 625 25 Ave SE, Calgary, AB. Tel: 403-268-4540.

Signature of Applicant (Not required for submissions uploaded directly to SwiftComply)	Date	____	____	____
	YYYY	MM	DD	

To submit your application upload to SwiftComply or if you are a new tester please refer to our website at [www.calgary.ca/crossconnections](http://www.calgary.ca/crossconnections) to submit using the [Tester Online Service Request](#) on the [How to Submit Test Reports](#) page.