



Cross Connection Control Preferred BFP Vendor Application

Company Name _____

Mailing Address _____ Business Address _____

E-mail _____

Telephone: Office _____ Cell: _____

List current licences and license numbers required for installing and/or repairing backflow preventers.

| Type of License | License No. | <input type="checkbox"/> | No special occupational license |
|-----------------|-------------|--------------------------|---------------------------------|
| _____ | _____ | | |
| _____ | _____ | | |

Please list all employees who will be testing, repairing and/or installing backflow preventers.

Employee Information

| Name (as it appears on certificate) | Type of Certification | Certification By | Certification No. | Date Certified |
|-------------------------------------|-----------------------|------------------|-------------------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

