

**DIVISION OF WATER
BACKFLOW COMPLIANCE OFFICE
Approved Tester Registration Payment Form
Effective February 22, 2016, Revised 01/10/2023**

FILL IN HIGHLIGHTED FIELDS. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE REJECTED.

Registration year begins February 16 and ends the following February 15. Applications for the next registration year should not be submitted before November 16. Please provide all requested information and documents then sign and date the form. Return this with the required documentation and payment to the address below. Provide a valid e-mail address where you want your approval notice, User ID and password sent.

You must check one box below

Applying between February 16 and November 15, check here:

I am applying for the current registration year only, ending on February 15 (Payment Form Column C)

Applying between November 16 and February 15, check one:

I am applying for the current registration year only, ending on February 15 (Payment Form Column C)

I am applying for the next registration year only, beginning on February 16 (Payment Form Column D)

I am applying for the current registration year and renewal for the next registration year (Payment Form Columns C and E)

Tester Information (Please print, all fields are mandatory)

Tester Name: _____ Phone #: _____

E-mail: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

• State of Ohio Department of Commerce Certified Backflow Tester number: _____
(**provide a copy** of your tester card)

• Test equipment: Make: _____ Model: _____ Serial #: _____
Make: _____ Model: _____ Serial #: _____

If you have more equipment, add an additional sheet and check here. Additional equipment _____
Provide copies of your current equipment calibration certificate(s). Certificates must clearly state who (company or tester) the test equipment belongs to or is used by.

• Company contractor's license (**issued by Columbus Department of Building and Zoning Services**):

Trade (e.g. Plumbing, Heating): _____ #: _____
(**provide a copy** of company registration certificate). This is NOT your State plumbing license

I, the undersigned, have read and agree to the City of Columbus Backflow Assembly Tester Guidelines, effective May 21, 2015, revised 11/20/2015.

SIGNATURE of Certified Tester: _____ Date: _____

Return this **signed** application with payment form, payment and required documentation to:

**City of Columbus
Department of Public Utilities
Revenue Reception Office
111 N. Front St.
Columbus, Ohio 43215**

Payments accepted:

- Cash, in person only. **Do not mail.**
- Check payable to *Columbus City Treasurer*, in person only. **Do not mail. Drop box can be used.**

For More Information: Visit www.columbus.gov/backflow/testers, or contact the Backflow Compliance Office Monday through Friday 7:00am to 3:30pm @ (614) 645-6674