

**Navajo Nation Environmental Protection Agency
Public Water Systems Supervision Program**

REGISTRATION FORM FOR CERTIFIED BACKFLOW ASSEMBLY TESTER

The Public Water Systems Supervision Program (PWSSP) maintains a roster of the registered certified backflow assembly testers and makes it available to the public. Only the registered certified backflow assembly testers are allowed to test assemblies within the jurisdiction of the Navajo Nation. The PWSSP keeps track of all testers and their testing credentials and holds them accountable for their tests. The PWSSP informs tester(s) of any new regulations affecting them or any training opportunity on the Navajo Nation.

Personal Information:

Name:					
Address:					
City:		State:		Zip:	
Phone :		Fax:		Email:	

Business Information:

Business Name:					
Address:					
City:		State:		Zip:	
Phone :		Fax:		Email:	

Certification Information:

Issuing Organization					
Address					
ID #					
Date Issued		Expiration date:			
Phone :		Fax:			

All Applicants are subject to fees determined by the Director as specified below. The fees are set at the discretion of the Director and may be increased at anytime. All fees must be paid to the Navajo Nation Public Water Systems Supervision Program.

Backflow Tester Registration Fee	\$ 25.00	X	5% NN Sales Tax	=	Total	\$ _____
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All information reported above is true and correct to the best of my knowledge. I understand this information is subject to verification and any misrepresentative of facts may result in the denial of my backflow tester request.

* Signature

Date:

Please submit a photocopy of your current backflow certificate, id card and resume along with your completed request and payment made payable to Navajo Nation EPA-Public Water Systems Supervision Program. A Navajo Nation EPA-PWSSP ID will be issued for identification purposes. Please make a copy of this form for your record(s). If you have any questions regarding the backflow assembly tester registration request, please contact us at (928) 871-7755.

Navajo Nation Environmental Protection Agency
Public Water Systems Supervision Program
P.O. Box 339
Window Rock, AZ 86515

For Official Use

Expiration Date:		ID # Issued:	
Date Received:		Date Recorded:	Receipt No.
Years of Experience:		Documents Attached:	Backflow Certificate <input type="checkbox"/> Backflow ID Card <input type="checkbox"/> Resume <input type="checkbox"/>
Issued By (please print):		Title:	
Signature:		Date:	