

## Backflow Prevention Program

### Sprinkler & Fire Protection Installation Contractors Registration Form

Business Name		Address		City		Postal Code	
Type of Service Provided: <input type="checkbox"/> – Perform Cross Connection Survey <input type="checkbox"/> – Install Backflow Prevention Device <input type="checkbox"/> – Test Backflow Prevention Device			Primary Contact			Business Phone	
Cell			Business Fax			E-mail Address	
<b>Registrant</b> Journeyperson Sprinkler & Fire Protection Installer Name:				Master Business License #		Test Kit Calibration Certificate(s) #	
OCOT Membership #:		C of Q #:					
Tester Certificate # <small>(if applicable)</small> (OWWA or ASSE):							
Name of Additional Journeyperson:			Journeyperson Testers Certification # (OWWA or ASSE)				
OCOT Membership #:		C of Q #:					
Name of Additional Journeyperson:			Journeyperson Testers Certification # (OWWA or ASSE)				
OCOT Membership #:		C of Q #:					
Name of Additional Journeyperson:			Journeyperson Testers Certification # (OWWA or ASSE)				
OCOT Membership #:		C of Q #:					
Name of Apprentice:			Apprentice Testers Certification # (OWWA or ASSE)				
OCOT Membership #:							
Name of Apprentice:			Apprentice Testers Certification # (OWWA or ASSE)				
OCOT Membership #:							
Name of Apprentice:			Apprentice Testers Certification # (OWWA or ASSE)				
OCOT Membership #:							
_____ Signature of Sprinkler & Fire Protection Installation Contractor				_____ Date			