

## Plumbing 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	
Registrant Journeyman Plumber Name:  OCOT Membership #:            C of Q #: Tester Certificate # <small>{if applicable}</small> (OWWA or ASSE):		Test Kit Calibration Certificate(s) #	Test Kit Calibration Certificate(s) #
Name of Additional Journeyman:  OCOT Membership #:            C of Q #:		Journeyman Tester Certification # (OWWA or ASSE)	
Name of Additional Journeyman:  OCOT Membership #:            C of Q #:		Journeyman Tester Certification # (OWWA or ASSE)	
Name of Additional Journeyman:  OCOT Membership #:            C of Q #:		Journeyman Tester Certification # (OWWA or ASSE)	
Name of Apprentice:  OCOT Membership #:		Apprentice Testers Certification # (OWWA or ASSE)	
Name of Apprentice:  OCOT Membership #:		Apprentice Testers Certification # (OWWA or ASSE)	
Name of Apprentice:  OCOT Membership #:		Apprentice Testers Certification # (OWWA or ASSE)	
_____ Signature of Plumbing Contractor		_____ Date	