Instructions for being on the EBMUD’s List of Certified Testers

For new applicants or for renewal of certification:

- An applicant must complete the following steps to be placed on the District’s List of Certified Testers:
  
  o Complete an “Application for Certified Tester.” See page 2. Submit the application and payment of $156.00 per applicant to the address below. Proof of payment must be received in the Backflow Office before the test can be scheduled.
    - Submit payment to:
      EBMUD
      Remittance Office MS 101
      PO Box 24055
      Oakland, CA  94623-1055
  
  o Send your request to be scheduled for a test and orientation to bryan.chitwood@ebmud.com.
    - Provide proof of certification by one of the following organizations:
      - American Water Works Association (AWWA)
      - Northern California Backflow Prevention Association (NCBPA)
      - American Backflow Prevention Association (ABPA)
      - American Society of Sanitary Engineering (ASSE)
    - Pass a hands-on test and a written test to demonstrate your knowledge of testing procedures for different types of backflow assemblies.
      - You must bring and use your own test kit and tools for the test. (Current calibration certificate must be presented at time of test.)
    - Attend an orientation to learn about East Bay Municipal Utility District forms and procedures.

- A tester will remain on the list as long as the tester’s certification is current. When the tester’s certification expires, the tester will be removed from the list and must reapply.
APPLICATION FOR CERTIFIED BACKFLOW TESTER

Name __________________________________________ Telephone __________________________

Email __________________________________________

Address __________________________________________ City __________________________ State __________ Zip Code __________

Name and contact information how you want it to appear on the list that is available to customers:

Company __________________________________________ Telephone __________________________

Address __________________________________________ City __________________________ State __________ Zip Code __________

Please provide the following information and attach copies of the certificates.

Backflow-Prevention Assembly Tester Certificate # _______________ Exp. Date _______________

Cross-Connection Control Specialist Certificate # _______________ Exp. Date _______________

Test Kit # __________________________________________ Exp. Date _______________

Any other relevant information:

________________________________________________________  __________________________
Signature of Applicant  Date

To be completed by EBMUD

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<th>Attended Orientation</th>
<th>Passed Written</th>
<th>Passed Hands-On</th>
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