



# Philadelphia Suburban Association of Plumbing ~ Heating ~ Cooling Contractors

P.O. Box 604 Broomall, Pa 19008 Phone: 484-574-0716 Fax: 610-514-5777 Email: [psaphcc@yahoo.com](mailto:psaphcc@yahoo.com)

## Backflow Tester Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_

**Education:** Please list all your technical education in plumbing, sprinkler and / or property management. Use separate sheet if necessary.

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**Licensing:** Please list all the professional licenses you have and please attach copies.

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**Work Experience:** Please list your full time employer Name, Address, Phone # and the position you hold with the company.

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I, \_\_\_\_\_ in making this application for backflow tester, swear( or affirm) that I am the applicant, and that all the information provided in connection with this application is true and correct to the best of my knowledge. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or to suspend or revoke a certification already issued.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Cost: \$795.00

Payment Method:

\_\_\_ Check enclosed. Make checks payable to PSA PHCC School

Credit Card: MC \_\_\_ Visa \_\_\_ Amex \_\_\_

Card# \_\_\_\_\_ EXP. \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Remit payment and application to:  
PSA PHCC School  
PO Box 604  
Broomall, PA 19008

**DO NOT WRITE BELOW THIS LINE**

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