



“Qualified Person” Registration Form

QUALIFIED PERSON
Name _____ Home Phone # _____ Cell Phone # _____
Address _____ City _____ Province _____ Postal Code _____
Occupation _____ E-mail _____

COMPANY OF THE QUALIFIED PERSON
Name _____ Phone # _____ E-mail _____
Address _____ City _____ Province _____ Postal Code _____

Qualified Person’s Certification Information

Complete this section and provide the following 4 credentials to the City if registering with Markham Backflow Prevention Program as a Qualified Person:

- 1. A copy of your Cross Connection Control Tester Certificate issued by OWWA or approved equivalent. Note: Please include the issue date: _____
2. A copy of a valid Calibration Certificate for your Backflow Preventer Test Equipment.
3. A copy of your Certificate of Qualification – Plumber # _____
OR A copy of your certificate of Professional Engineer, Engineering Technologist or Fire System Sprinkler Fitter.
4. A copy of your valid Liability Insurance Certificate (expiry date no less than 6 months after the application date)

Forward this completed registration form and valid documents to:

Environmental Services Department – Backflow Prevention Program
8100 Warden Avenue, Markham, ON, L6G 1B4

“I have included copies of my professional certification, including a copy of my Cross Connection Control Tester Certificate. Please add my name to Markham Backflow Prevention Program - Qualified Persons list”.

Signature of Applicant Date

*****For Office Use Only*****

Qualified Person’s Registration Number: _____ Date issued: _____

Registration Approved By: _____ Date: _____ Signature: _____