

SF746

**Plumber's application for listing on Council's
Qualified Backflow Service Providers Register**

Business Name: _____

Business address: _____

Phone: _____ mobile: _____

Email: _____

Names of staff holding backflow accreditation

Name	Accreditation date

Please attach a copy of your Statement of Attainment/s in
"Commission and Maintain Backflow Prevention Devices" (CPCPWT4012A)
and return to Council