BACKFLOW DEVICE TESTER
TRADES LICENCE APPLICATION FORM
SCHEDULE “A-4” TO BY-LAW NUMBER 181-2004

☐ New Application  ☐ Renewal

Applicant Name:__________________________________________

Email Address:____________________________________________

Employer’s Information

Company Name:____________________________________________

Address:__________________________________________________

Postal Code:_________ Phone:______________ Fax:_____________

Please submit the following with your application:

☐ Copy of Backflow Device Tester Certificate from school of Accreditation
☐ Valid Calibration Certificate for Testing Equipment
☐ Copy of Trades Licence or designation
☐ Applicable fee

I hereby certify the above information to be accurate and true:

Applicants Signature:_____________________________ Date:_____________

NOTICE OF COLLECTION

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Municipal Act, 2001 and will be used by Development Services staff for the purpose of administering the trades licensing program and for administrative purposes and may be made public. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 235 during business hours.

If you require this form in an alternate format, contact Development Services at 519-271-0250x345 or TTY at 519-271-5241

FOR OFFICE USE ONLY

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