

**Plumber's application for listing on Council's
Qualified Backflow Providers Register
2017-2018**

Business Name:

Business Address:

Phone:

Mobile:

E-mail:

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.

Please contact me on (02) 67703610 or by email at mclynch@armidale.nsw.gov.au if I can be of further assistance.