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council@armidale.nsw.gov.au
ABN 39 642 954 203

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	Acaraditation data
Name	Accreditation date

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

Please attach a copy of your statement of Attainment/s in "Commission and Maintain Backflow

Prevention Devices" (CPCPWT4012A) and return to council.