

Plumber's application for listing on Council's Qualified Thermostatic Mixing Valve Service Providers Register

Business Name:

Business Address:

Phone:

Mobile:

E-mail:

Names of Staff holding TMV accreditation

Name	Accreditation date

Please attach a copy of your statement of Attainment/s

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