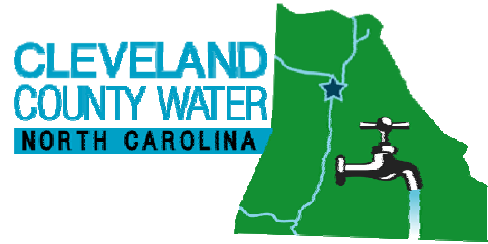


**CLEVELAND COUNTY WATER
TESTER INFORMATION FORM**



NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____

TELEPHONE: (____) _____

EMPLOYMENT:

Please list your current employment if the Cross- Connection Certification is under employment.

FIRM NAME: _____ TELEPHONE: _____

ADDRESS: _____

TYPE OF WORK: _____

Registration: All subject line information identified (filled in) must be provided (sent) to Cleveland County Water in hardcopy form (paper).

Plumbing Contractor's License Number: _____
Name of Cross Connection School (Where Certified): _____
Cross Connection Tester Certification Number: _____
Certification Expiration Date: _____
Test Equipment (Type: Differential, Duplex, Electronic): _____
Test Equipment Brand Name: _____
Test Equipment Model Number: _____
Test Equipment Serial Number: _____
Test Equipment Calibration Date: _____

Please attach a copy of the Testers Certification Card & the Test Equipment Calibration Certificate.

Please e-mail completed form to: swall@clevelandcountywater.com 439 Casar Lawndale Road
Fax To: 704-538-6075

PO Box 788
Lawndale NC 28090

Telephone: (704) 538-9033-EXT-121

Incomplete forms will not be accepted.