Backflow Prevention Recertification Application

An Application must be filled out for each individual. There is a non-refundable \$50.00 application fee.

Applicants Information
Name:
Mailing Address:
City, State & Zip:
Phone Number:
Old Certification Number:
Email Address:

Business Information	
Name:	
Federal Tax Id:	
Mailing Address:	
City, State & Zip:	
Phone Number:	
Email Address:	

Please mark the appropriate type of tester:			
(General		
L	Limited		
	nspector		

Recertification Request Date

Method of Payment:

Checks <u>payable to GSWSA</u> and Credit Cards (Visa, Master Card & Discover) can be mailed to <u>PO Box 2368, Conway</u> <u>SC 29528</u> or e-mail information written below that would allow us to process it electronically.

<u>Checks</u>	
Bank Name:	
Routing Number:	
Checking Account Number:	
Check Number:	

Credit Card
Credit Card Type:
Credit Card Number:
Exp. Date:
CCV (security code on back):

Date:

Signature:

If you have any questions please call or email:

Brent Thomas (843)443-8214 or brentthomas@gswsa.com

Lindsey Gilbert (843) 443-8290 or lindsey@gswsa.com