

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:	
<input type="checkbox"/>	General
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Inspector

Recertification Request Date

Method of Payment:
Checks payable to <u>GSWSA</u> and Credit Cards (Visa, Master Card & Discover) can be mailed to <u>PO Box 2368, Conway 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:

<u>Credit Card</u>
Credit Card Type:
Credit Card Number:
Exp. Date:
CCV (security code on back):

Date:

Signature:

If you have any questions please call or email:
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