THE PEAK OF GOOD LIVING

Town of Apex

P. O. BOX 250
APEX, NORTH CAROLINA 27502

Town of Apex
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: Please provide hard copies of tester certifications and calibration information.

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 mail completed form to PO Box 250, Apex, NC 27502 or fax to 919-367-2808. Incomplete forms and forms without proper documentation will not be accepted.