

CERTIFIED BACKFLOW PREVENTION TESTER REGISTRATION FORM

NAME OF TESTER: _____

PHONE NUMBER: _____

COMPANY NAME: _____

COMPANY PHONE NUMBER: _____

You must provide The Municipal Authority of the Township of Robinson (MATR) with a copy of a Pennsylvania approved Backflow Prevention Testing Repair and/or Replace Certificate showing expiration date for each certified tester who will perform testing in Robinson Township and a current Certificate of Insurance.

Please submit to: Kent Lockridge
 MATR
 4192 Campbells Run Road
 Pittsburgh, PA 15205

Or

PO Box 15539
Pittsburgh, PA 15244-0539