



Authorized Tester Program

RETURN TO:
backflow@cityoftacoma.org
Fax 253-502-8721
Tacoma Water - Quality
PO BOX 11007
Tacoma, WA 98411-0007

The Authorized Tester Program allows Tacoma Water customers to designate a specific tester to complete their annual backflow assembly testing. Tacoma Water will send the annual test due notice to the selected tester and address any testing questions directly with the tester.

Participation in the Authorized Tester Program is voluntary, but has many benefits for the customer.

- No searching for an available tester each year.
- Tacoma Water can communicate directly with the tester
 - Tester receives paperwork directly from Tacoma Water
 - Any backflow assembly testing issues can be discussed with the tester
 - The tester will submit reports directly to Tacoma Water
 - The tester will be contacted/reminded in the event of a past due report
- Only testers that have provided Tacoma Water with their current credentials are allowed to participate

Participation in the Authorized Tester Program does not or will not:

- Relieve the customer of all responsibility to meet the backflow assembly test requirement.
 - In the event that the tester of your choice does not respond to Tacoma Water’s attempts to notify of testing requirements and/or paperwork issues, you will be notified and required to provide Tacoma Water with a backflow test report, meeting Tacoma Water’s requirements.
- Arrange for repair or replacement of a failed backflow assembly. All repairs/replacements are the responsibility of the customer.
- Process payments from the customer to the tester

I hereby authorize Tacoma Water to:

- **Send the request for annual testing of backflow assemblies at the following location directly to:**
- **Discuss information regarding my backflow assembly(s) with:**

Tester Company Name

Service Address

File Number(s)

This authorization shall remain valid until Tacoma Water receives notification from either the customer or the tester canceling the authorization or designating a different certified tester to perform the annual test(s). Any changes will be effective immediately following receipt of notification. Customer should verify that the selected tester agrees to receive test reports and is a participant in the Authorized Tester Program.

Customer Signature

Email Address

Printed Name and Title (Homeowner/manager ...)

(_____)_____
Phone Number

Date