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Year 2020  
Application for Backflow Assembly Testing  
Within the City of Lewiston Water District

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Cell No.: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

B. O. L. / B. A. T. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Backflow Assembly Tester Recertification Date: \_\_\_\_\_ (\*Mandatory every two years.)

Test Equipment Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number \_\_\_\_\_

Test Equipment Verification of Calibration Date: \_\_\_\_\_ (\*Mandatory annually.)

**NOTE: The City of Lewiston has your permission to distribute as well as post your company, employees' and telephone number on the City's web page, available to the general public.**

Please check one; \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

**\*NOTE: Copies of an annual report verifying test equipment calibration and current State of Idaho Bureau of Occupational Licenses validation card must accompany this application.**

**\*\*NOTE: The City of Lewiston requires both a backflow assembly test report be submitted to the Water Division within ten (15) business days of test, and a "TAG" containing the tester's name and date of satisfactory test be attached to the assembly. Any backflow prevention assembly left in a failed (non-passing) condition, creating a potential threat to the potable water supply, must be reported to the Water Division within 2 business days! Registered testers can submit reports online at <https://lewiston.tokaytest.com>. Only new installation test reports will be accepted via email, fax, or US mail.**