



DEPUTY CITY
MANAGER
Bryan D. Foster

CITY OF MANASSAS MANASSAS, VA 20110

UTILITIES DEPARTMENT

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Manassas, VA 20110

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MAYOR
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CITY COUNCIL
Marc T. Aveni
Sheryl L. Bass
Ken D. Elston
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Jonathan L. Way
Mark D. Wolfe

CITY MANAGER
W. Patrick Pate

PLEASE PRINT OR TYPE ONLY

APPLICATION FOR BACKFLOW PREVENTION DEVICE WORKER REGISTRATION CARD

*Name _____ Cell Phone _____
(First) (MI) (Last)

*Address _____
(No) (Street) (City) (State) (Zip)

* Employer _____ *Work Phone _____

* Address _____
(No) (Street) (City) (State) (Zip)

*VA State Contractors License No _____ Expires _____

VA Backflow Device Workers Certificate No _____ Expires _____
(If Applicable)

*Certified School of Training _____ Date _____
(A Copy of the Certificate must be attached)

I understand that if approved the City of Manassas Testers Card is used only as a tracking device by the City of Manassas; it is not a Certification. This card is required by anyone who tests backflow devices in the City of Manassas, and the cardholder must be employed by a VA Licensed Contractor.

*Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE (CITY USE ONLY)

Approved _____ Card No. _____ Date Issued _____

Rejected _____ Reason _____

Authorized Signature _____ Date _____

*-Required Information