



208 S Walnut Ave.
P.O. Box 800
Owatonna, Mn 55060
507-451-2480

Date: _____

20__ OPU Registered Tester Form

Name: _____

Address: _____

City, State Zip: _____

Company Name: _____

Phone: _____ Fax: _____

Tester ID #: _____

Are you a licensed plumber? Yes__ No__ License No. _____

Are you a licensed fire protection contractor? Yes__ No__ License No. _____

Are you a licensed sprinkler fitter? Yes__ No__ License No. _____

Test Equipment Used:

Make: _____ Model: _____

Serial #: _____ Calibration Date: _____

Signature: _____

By signing this form you are agreeing to follow all of the requirements of OPU's Cross Connection and Backflow Prevention Plan and attesting to the accuracy of any test results submitted.

Remarks: _____

Include photo copy of ID card, proof of required training, equipment calibration report, and licensures (if applicable). Please submit every calendar year.