



WATER UTILITIES LEE'S SUMMIT

1200 SE Hamblen Road | Lee's Summit, MO 64081
P: 816.969.1900 | F: 816.969.1935
backflow@cityofls.net | LSwater.net

City of Lee's Summit Licensed Backflow Assembly Tester List Application

(A current Lee's Summit Business License is required)

To be included on the list that is mailed with our annual backflow prevention test notices, please provide:

1. A copy of the MoDNR certification card for each Backflow Tester (Not the ASSE or ABPA card)
2. This form (items with an * are required)

Enter Here How You Want Your Business Name and Phone Number to Appear on the List

*Company / Individual:	*Phone:
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Additional Business Mailing Information

*Contact Name: <i>First:</i>	<i>Last:</i>	
*Mailing Address:		
*City:	*State:	*Zip:
*County:	Fax:	
Website:		
Email:		
Physical Address (if different from the mailing address above):		

Backflow Tester Contact Information (For each tester working in Lee's Summit)

*Tester Name: <i>First:</i>	<i>Last:</i>	
Phone (if different from above):	Cell Phone:	
Email (if different from above):		
*MO Certification #:	*MO Certification Expiration:	
*Tester Name: <i>First:</i>	<i>Last:</i>	
Phone (if different from above):	Cell Phone:	
Email (if different from above):		
*MO Certification #:	*MO Certification Expiration:	
*Tester Name: <i>First:</i>	<i>Last:</i>	
Phone (if different from above):	Cell Phone:	
Email (if different from above):		
*MO Certification #:	*MO Certification Expiration:	
*Tester Name: <i>First:</i>	<i>Last:</i>	
Phone (if different from above):	Cell Phone:	
Email (if different from above):		
*MO Certification #:	*MO Certification Expiration:	

Please add pages for additional backflow testers if necessary.

Please include the business listed above on the backflow assembly tester list that accompanies the annual notices.

Signature: _____ Date: _____

Submit Application To:

FAX:
816-969-1935

MAIL:
City of Lee's Summit
Water Utilities Service Center
1200 SE Hamblen Road
Lee's Summit, MO 64081

EMAIL:
backflow@cityofls.net