



Utilities  
Water Compliance  
4520 66<sup>th</sup> Street West  
Bradenton, FL 34210  
Phone: (941) 792-8811  
[www.mymanatee.org/water](http://www.mymanatee.org/water)

## Manatee County Backflow Prevention Assembly Service Provider Registration

Thank you for your interest in providing backflow prevention assembly testing services in Manatee County. Our cross connection control program is guided by the Safe Drinking Water Act, Florida Administrative code 62.550 and 62.555, Article X of Chapter 2-31 Manatee County of Ordinance, Recommended Practice for Backflow Prevention and Cross-Connection Control AWWA M-14 Manual, and Manatee County Land Development Code Chapter 8. We recommended that you familiarize yourself with these documents.

Please complete this form and return it with all required documents by mail, fax (941-795-3457) or email ([water.saver@mymanatee.org](mailto:water.saver@mymanatee.org)). Once we process your documents you will receive an email with the tester's login user name and password to the backflow test reporting website. *(Please note: test reports are only accepted electronically through the website. Any reports submitted through mail, e-mail or fax will be rejected. Website address: <https://public.mymanatee.org/bfd/testing?view=home>).*

Company Name: \_\_\_\_\_

Preferred Contact Phone Number: \_\_\_\_\_

Preferred Contact E-mail: \_\_\_\_\_

Would you like your company to be advertised on our public certified backflow prevention assembly service providers list? ☐ Yes ☐ No

Please provide a copy of the following documents:

- ☐ Plumbing License and/or Fire Marshal Certificate\*
- ☐ Certificate of Liability Insurance
- ☐ BFPD Authorized Agent Form (for each tester)
- ☐ Backflow Prevention Assembly Tester Certification (for each tester)
- ☐ Test Kit Calibration Report

*\*Current ordinance requires a plumbing license for all potable backflow prevention assembly testing and a fire marshal certificate for fireline backflow assembly testing.*

If you have any questions or concerns please contact us at [water.saver@mymanatee.org](mailto:water.saver@mymanatee.org) or 941-792-8811 ext. 5283.



**WEBPAGE AUTHORIZED AGENT FORM  
MANATEE COUNTY UTILITY OPERATIONS DEPARTMENT  
CROSS CONNECTION CONTROL OFFICE  
4520 66TH ST. W. BRADENTON, FLORIDA 34210  
OFFICE (941) 792-8811, EXT. 5267  
FAX (941) 795-3457**

**SIGNATURE AUTHORIZATION**

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

**This authorization expires according to the following category expiration dates: plumbing license, fire marshal certificate, backflow prevention assembly tester and repair certification, and the calibration of equipment.**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print Tester's Name) (Print Name of Company)  
at \_\_\_\_\_  
(Company Address, City, State and Zip)

having personally appeared and presented identification, do hereby notify the Manatee County Cross Connection Control office that the signature below is my true signature for the purpose of being authorized to enter the secured Manatee County website for the purpose of inputting backflow prevention assembly certification data. I further acknowledge that the data I input will become a legal document. I also acknowledge that the below listed information is on file and updated with the Manatee County Cross Connection office.

Tester's Signature: \_\_\_\_\_

Backflow Prevention Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Tester's Email Address: \_\_\_\_\_

Florida Plumbing/Fire Marshal License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Test Kit: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Calibration Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_

General Insurance Carrier: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

**NOTICE: THE LICENSED TESTER SIGNATURE IS TO BE NOTARIZED**

STATE OF FLORIDA §  
COUNTY OF MANATEE §

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is ( ) personally known to me or has provided the following identification \_\_\_\_\_.

\_\_\_\_\_  
Notary Public In and For The State of Florida

My Commission Expires: \_\_\_\_\_