

Please complete this Backflow Prevention Accreditation form and return to Dubbo Regional Council.

APPLICANT DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name/s	
Date of Birth <i>Optional</i>	
Residential Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Contact Number	
Email Address	

PLUMBERS LICENCE DETAILS	
Plumber's Licence Number	
Backflow Certificate Issuing Body	
Issue Date	

NOTE: Please attach a copy of your Backflow Prevention Device Testing Certificate with the form and return to Council.

APPLICANT SIGNATURE	
Signature	
Print Name	
Date	

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au