
BACKFLOW PREVENTION ACCREDITATION

COMPANY:		
NAME: (BLOCKED LETTERS)		
ADDRESS:		
PHONE:	Work:	
	Mobile:	
SIGNATURE:		
DATE:		
PLUMBING LICENCE NUMBER:		
BACKFLOW CERTIFICATE	ISSUING BODY:	
	ISSUE DATE:	
	AUTHORISATION NUMBER:	

**PLEASE ATTACH A COPY OF YOUR
BACKFLOW PREVENTION DEVICE TESTING CERTIFICATE WITH THIS
FORM AND RETURN TO COUNCIL**

Drop to: Customer Service Branch:
Cnr Church and Darling Streets,
Dubbo
Cnr Nanima Crescent and Warne
Street, Wellington

Fax to: (02) 6801 4259

Post to: Chief Executive Officer
Dubbo Regional Council
PO Box 81
DUBBO NSW 2830

Email to: council@dubbo.nsw.gov.au