



Lincoln Water System



Grade VI Registration Form

APPLICATION FOR A REGISTERED GRADE VI WITH THE LINCOLN WATER SYSTEM

Lincoln, Nebraska

COMPANY INFORMATION

Company Name: _____	Email: _____
Phone Number: _____	Fax Number: _____
Address: _____	City, State: _____ Zip: _____

TESTER INFORMATION

Tester Name: _____	Email: _____
Phone Number: _____	Cell Number: _____
Home Address: _____	City, State: _____ Zip: _____

Insurance Policy# _____ Insurance Company: _____

Grade VI Certification # _____ Effective Date: _____ Expiration Date: _____

GAUGE INFORMATION

Manufacturer: _____	Model Number: _____
Serial Number: _____	Calibration Company: _____
Date of Calibration: _____	Date of Next Calibration: _____

I AGREE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER AGREE, WITHOUT RESERVATION, TO ABIDE BY ALL LAWS AND RULES OF THE APPROPRIATE CITY CODES.

Questions - Call 441-5929
Please Mail Form and Copy of Insurance To:
 Lincoln Water System
 Backflow Prevention Office
 2021 N. 27th
 Lincoln, NE 68503

Signature: _____

Date: _____

*Please attach copy of insurance to the back of this form.

OFFICE USE ONLY
Code: BFP _____