

Sacramento Suburban Water District Backflow Prevention Assembly Tester Designated Signatory Authorization Form

I, _____, AWWA-certified backflow prevention assembly
(Tester Full Name)

(Assembly) tester # _____, hereby authorize _____
(AWWA cert #) (Designated Signatory Full Name)

to electronically certify Assembly test reports on my behalf via Sacramento Suburban Water District's (SSWD) Assembly Test Entry Portal. I understand that the designated signatory must be approved by SSWD and I may revoke this authorization by contacting SSWD. I understand that it is my responsibility to ensure current and approved AWWA Assembly tester certification and test kit calibration records are maintained in SSWD's Assembly Test Entry Portal in order to perform testing within SSWD's service area.

Printed Name of Assembly Tester

Printed Name of Designated Signatory

Signature of Assembly Tester

Signature of Designated Signatory

This form must be scanned and electronically uploaded into SSWD's Assembly test entry portal for approval. Please contact SSWD at 916.679.2899 if there are any questions.