



1723 Falling Creek Rd.  
Bedford, VA 24523  
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[backflow@brwa.com](mailto:backflow@brwa.com)

## Backflow Prevention Device Registration Form

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

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Device Information

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Make: \_\_\_\_\_

Model: \_\_\_\_\_

Size: \_\_\_\_\_

Serial Number: \_\_\_\_\_

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

Tester Company: \_\_\_\_\_

Date of Last Test: \_\_\_\_\_

Outcome of Test:            **PASS**            **FAIL**

Next Test Due: \_\_\_\_\_

BRWA Account Number Associated with this Device: \_\_\_\_\_

**\*If there are multiple backflow prevention devices at this location please submit a separate form for each device.**

**By signing below, the signor verifies that the information reported in this form is true, accurate and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title