



QUALIFIED PERSON REGISTRATION FORM - FIRE AND LAWN SYSTEMS

Municipal Works & Infrastructure Planning
Municipal Works Division
Tel: (613) 932-5354
Fax: (613) 933-8567

Employer Information

| | | | |
|---------------|-----------|-------------|----------------|
| Business Name | Telephone | | |
| Address | City | Postal Code | E-mail Address |

Applicant Information

| | | | |
|-----------------------------------|---|---------------------------------------|----------------|
| Name | Mobile (Business) | Ontario College of Trades License No. | |
| Calibration Equipment Expiry Date | Cross Connection Control Specialist Certification No. | | Issue Date |
| Address (Business) | City | Postal Code | E-mail Address |

Required Documentation

Please include copies of the documents listed below with your completed registration form to perform work on the Authorized Fuctions List. Any registration forms received without current and valid corresponding documentation shall be considered incomplete and shall not be processed until all documentation is received.

- Cross Connection Control Specialist Certificate issued by OWWA**
- Calibration Certificate for your Backflow Prevention Testing Equipment**
- Copy of your Ontario College of Trades License**

Please contact the City of Cornwall Building & By-Law Division if you have any questions regarding licensing for Plumber/Master Plumber and Plumbing Contractors

Forward the completed registration form and corresponding documentation to:

Cross Connection Control Program
Department of Municipal Works and Infrastructure
1225 Ontario St, Cornwall, ON K6H 5T9

OR backflow@cornwall.ca

I hereby acknowledge that the enclosed copies of my CCC Specialist Certification, Testing Equipment Calibration Certificate, Plumbing Contractor License and Plumber/Master Plumber License are up to date and true copies of the original documents. Please consider the completed registration form as my request to be considered a "Qualified Person" and to be included on the City of Cornwall "Qualified Persons List" for the Cross Connection Control Program

Signature of Applicant : _____ Date: _____

Note: One form shall be completed for each qualified person. If an employer has multiple employees with the above qualifications a separate form shall be issued for each individual

***** For Office Use Only *****

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|---|--------------|
| Qualified Person's Registration Number: | Date Issued: |
| Approved By: | Signature: |