

# CITY OF ORILLIA - QUALIFIED PERSONS APPLICATION



Email completed application to: [backflow@orillia.ca](mailto:backflow@orillia.ca)

Or mail to: City of Orillia ♦ 50 Andrew St. S., Suite 300 ♦ Orillia, ON L3V 7T5  
Attention: Jason Micallef, Superintendent of Metering and Backflow Prevention

General Inquiries: 705-329-7249 ♦ Technical Inquiries: 705-325-2326

**Only persons named on the City of Orillia Qualified Persons List are approved to inspect premises and install, test and repair backflow devices.**

## Applicant Information

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

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you want your company name, email and phone number advertised to the public? (Example: Listed on the City of Orillia Qualified Persons List)

Yes  No

## Required Documentation

The following must be submitted:

- A completed and signed copy of the Qualified Persons Application
- A copy of all plumbers' licences (must be copy of wallet card)
- A copy of all employees' OWWA Cross-Connection Control certification including expiry dates
- A list of all test kit serial numbers used to perform testing in the City of Orillia
- A copy of the yearly calibration record for each test kit
- Current Certificate of General Liability Insurance – insurance must be for a minimum of \$5 million and the City of Orillia must be added as additional insured to the policy.
- Current WSIB Clearance Certificate
- \$125 +HST Qualified Persons Membership Fee (Due February 1<sup>st</sup> annually)

Qualified Person Name	Plumber's License # and Expiry Date (mm/dd/yyyy)	OWWA Certificate # And Expiry Date (mm/dd/yyyy)

Test Kit Manufacturer	Test Kit Model	Test Kit Serial #	Calibration Date (mm/dd/yyyy)

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

### **For Office Use Only**

Cross-Connection Report     Install, Relocate, Replace     Repair     Test     Fire Only