

## Application for Qualified Persons Registry

### Required Documentation

(All items must be submitted with application)

1. Current ASSE/ OWWA Certification for each specialist
2. Trade or professional certificate for each specialist
3. Current Certificate of insurance
4. Current Certificate of Calibration for each test kit

### Business/Company Information

**Company Name:**

**Address:**

**City:**

**Postal Code:**

**Phone:**

**Fax:**

**Cell:**

**Contact (Name/Title):**

**Email:**

### Qualified Persons

Please list all Cross Connection Control Specialists you wish to register with the Region of Peel.

Name (As it Appears on Certification)	Current ASSE/OWWA Specialist # with Expiry Date	Current STO/P.Eng Membership # with Expiry Date	Limitations/ Qualifications
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Public Works**

3515 Wolfedale Rd.  
Mississauga, ON  
L5C 1V8  
tel: 905-791-7800  
  
peelregion.ca

Name (As it Appears on Certification)	Current ASSE/OWWA Specialist # with Expiry Date	Current STO/P.Eng Membership # with Expiry Date	Limitations/Qualifications
			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire
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			<input type="checkbox"/> Plumber <input type="checkbox"/> Steam Fitter <input type="checkbox"/> Irrigation <input type="checkbox"/> P.Eng <input type="checkbox"/> Fire

If calibration kits are user specific for your company, please fill out the table below.

Name (As it Appears on Certification)	Calibration Test Kit Serial Number

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For more information, please see the following contact.**

**Tel: 905-791-7800 x8546**

**Fax: 905-566-4628**

**E-Mail: [zzg-backflowprevention@peelregion.ca](mailto:zzg-backflowprevention@peelregion.ca)**