

**CLEVELAND  
COUNTY WATER**  
**NORTH CAROLINA**



**P.O. BOX 8  
SHELBY, NC 28151  
PHONE: 704-466-3696 EXT. 121**

**CLEVELAND COUNTY WATER  
TESTER INFORMATION FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

**EMPLOYMENT:**

Please list your current employment if the Cross Connection Certification is under employment.

FIRM NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

**Registration: All subject line information identified (filled in) must be provided (sent) to the Cleveland County Water in hardcopy form (paper).**

|  |       |
|--|-------|
| Plumbing Contractor's License Number                     | _____ |
| Name of Cross Connection School (Where Certified)        | _____ |
| Cross Connection Tester Certification Number             | _____ |
| Certification Expiration Date                            | _____ |
| Test Equipment ((Type: Differential, Duplex, Electronic) | _____ |
| Test Equipment Brand Name                                | _____ |
| Test Equipment Model Number                              | _____ |
| Test Equipment Serial Number                             | _____ |
| Test Equipment Calibration Date                          | _____ |

**Please e-mail completed form to [matt.humphries@clevelandcountywater.com](mailto:matt.humphries@clevelandcountywater.com) or fax to 704-466-3245. Incomplete forms will not be accepted.**