



Town of Apex

P. O. BOX 250
APEX, NORTH CAROLINA 27502

Town of Apex Tester Information Form

Name: _____ Date _____
Last First Middle

Address: _____

Telephone: (____) _____

E-mail Address: _____

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 Town 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 _____

Completed forms shall be sent to cross.connection@apexnc.org by sending through the web site. To submit the form, please touch the save and submit button below. Our contact number is 919-249-3427. Incomplete forms will not be accepted.

