



(916) 452-6500

[www.AllThingsBackflow.com](http://www.AllThingsBackflow.com)

## **Backflow Test Kit Accuracy Check and Calibration**

*You are responsible for shipping or delivering test kits to:*

**Backflow Distributors, Inc.  
6400 Elvas Ave, Ste. A  
Sacramento, CA 95819**

### **Guidelines for Shipping a test kit:**

- 1) Open all the needle valves and drain all the water from the test kit.
- 2) **Include the hoses** with the test kit.
- 3) Remove any testing tools or equipment from the case.
- 4) If the test kit has a case, secure the gauge inside it for shipping.
- 5) Place the case and gauge inside a sturdy shipping box with packing material.
- 6) Use a shipping service with tracking, such as UPS or FedEx.
- 7) Include this form with your test kit.

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### **What to expect once your test kit has been received:**

- 1) Once received, your test kit will be placed in the queue for service.
- 2) Typical turn around time is 1-2 business days after delivery. If repairs are needed, it may be an additional 1-2 business days before it is shipped back.
- 3) Two copies of the test report will be provided, but we can provide additional copies if ever needed.
- 4) Any repairs that may be required will be quoted and need approval prior to any work being performed.

*Please note that we cannot ship test kits to a PO Box. All test kits are shipped from our facility via UPS.*

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

Name for Certificate (if different from above): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return Shipping Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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**Service being requested for:**

\_\_\_\_ Annual Accuracy Check

\_\_\_\_ Other repair or service (*please explain below*):

**Test kit information**

Serial #: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**If paying with credit card, please complete the following:**

|                                          |                                |                         |
|------------------------------------------|--------------------------------|-------------------------|
| <b>Credit Card Payment:</b> MC VISA AMEX | <b>Card #:</b> _____           | <b>Exp. Date:</b> _____ |
| <b>Name on Card:</b> _____               | <b>Billing Zip Code:</b> _____ | <b>V-Code:</b> _____    |
| <b>Authorized Amount:</b> _____          | <b>Signature:</b> _____        | <b>Date:</b> _____      |