



# City of Kawartha Lakes

## QUALIFIED PERSONS APPLICATION

Email completed application to: [rmacpherson@kawarthalakes.ca](mailto:rmacpherson@kawarthalakes.ca)

Or mail to: Public Works – Water and Wastewater 12 Peel St – PO Box 9000 Lindsay, ON K9V 5R8  
Attention: Rob MacPherson, Water and Wastewater Technician

General Inquiries: 705-324-9411 ext 1173

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

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### 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 Kawartha Lakes Qualified Persons List)

☐ Yes ☐ No

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### Required Documentation

The following must be submitted:

- ☐ A completed and signed copy of the Qualified Persons Application
- ☐ A copy of all plumbers' licenses (must be copy of wallet card)
- ☐ A copy of all employees' OWWA Cross-Connection Control certifications or approved equivalent including expiry dates
- ☐ A list of all test kit serial numbers used to perform testing in the City of Kawartha Lakes
- ☐ A copy of the yearly calibration record for each test kit
- ☐ Current Certificate of General Liability Insurance
- ☐ Current WSIB Clearance Certificate

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/YY)