

APPLICATION FOR QUALIFIED PERSONS REGISTRY

Application Documentation required

1. Trade or Professional Certificate for each specialist with membership number
2. Valid Cross Connection Control (CCC) Specialist Certificate for each specialist
3. Proof of General Liability - \$2 million per occurrence/\$2 million General Aggregate (with The Corporation of the Town of Aurora added as additional insured);
4. Proof of Automobile Insurance - \$2 million
5. WSIB
6. Valid Calibration Certificate for each Test Kit

Business / Company Information	
Business Name:	
Address:	
City:	
Province:	Postal Code:
Phone #:	Fax #:
E-mail (Business):	
Contact (Name, Title):	
Cell # (Contact):	E-mail (Contact):

List of CCC Specialists - Qualified Persons

CCC Specialist's Name (Fist, Last)	Valid CCC Specialist Cert # with Expiry date (mm/dd/yy)	Valid OCOT Membership # with Expiry Date (mm/dd/yy)

By signing below, the applicant, for himself/herself, the corporation and its heirs, executors, administrators, successors, assigns, and invitees, hereby releases, waives and forever discharges The Corporation of the Town of Aurora (the "Town"), and its employees, agents, officers and members of council (the "Releasees") from all claims, demands, costs, expenses, in respect of death, injury, loss or damage to any person or property arising by reason of and related to the participation in the Town's Backflow Prevention Program, the qualified person's registry or any activities associates thereto (the "Backflow Prevention Program").

By signing below, the applicant, further hereby undertakes to hold and save harmless and agrees to fully indemnify the Town and the Releasees from and against any and all claims, demands, damages, costs, expenses, actions and causes of action incurred or arising as a result of, or in any way connected with, the Backflow Prevention Program, except for those arising from the gross negligence or wilful misconduct of the Town or the Releasees.

Applicant's name:

Signature:

Date: