

**Sacramento Suburban Water District  
Backflow Prevention Assembly Tester  
*Designated Signatory Authorization Form***

I, \_\_\_\_\_, AWWA-certified backflow prevention assembly  
(Tester Full Name)

(Assembly) tester # \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(AWWA cert #) (Designated Signatory Full Name)

to electronically certify Assembly test reports on my behalf via Sacramento Suburban Water

District's (SSWD) Assembly Test Entry Portal. I understand that the designated signatory must

be approved by SSWD and I may revoke this authorization by contacting SSWD. I understand

that it is my responsibility to ensure current and approved AWWA Assembly tester certification

and test kit calibration records are maintained in SSWD's Assembly Test Entry Portal in order to

perform testing within SSWD's service area.

\_\_\_\_\_  
Printed Name of Assembly Tester

\_\_\_\_\_  
Printed Name of Designated Signatory

\_\_\_\_\_  
Signature of Assembly Tester / Date

\_\_\_\_\_  
Signature of Designated Signatory / Date

**This form must be scanned and electronically uploaded into SSWD's Assembly test entry portal for approval. Please contact SSWD at 916.679.2899 if there are any questions.**