

Application Form
RBA01



CPED - Development Services
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Minneapolis, MN 55415 – 1316
Office 612-673-3000 or 311
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www.minneapolismn.gov/mdr

Office Use Only

A/P LIC # _____

Date: _____

Amount _____

REGULATED BACKFLOW ASSEMBLY (RBA) APPLICATION FORM/TEST REPORT

COMPLETE JOB ADDRESS (INCLUDE Apt/Unit #)	NAME OF BUILDING, OWNER/OCCUPANT, CONTACT NAME AND PHONE NUMBER
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APPLICANT COMPANY NAME	CONTRACTOR LICENSE #	CONTACT NAME AND PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP	EMAIL
TESTER NAME	TESTER CERTIFICATION #	PHONE		
TEST EQUIPMENT MANUFACTURER	TEST EQUIPMENT MODEL #	TEST EQUIPMENT SERIAL #	TESTING EQUIPMENT CALIBRATION DATE Mo _____ Yr _____	

TYPE OF WORK AND FEE INFORMATION (check one)	
FEE: \$85.20 FOR ONE DEVICE; ADD \$1.00 FOR EACH ADDITIONAL SAME ADDRESS SUBMITTED SAME DAY Install Relocate Remove Replace and SN# of Replaced Device	FEE: \$41.40 Rebuild Test

BACKFLOW ASSEMBLY DETAIL INFORMATION	
Type (check one): Reduced Pressure Principal or Pressure Principal Fire Protection Reduced Pressure Detector Fire Protection Double Check Valve Double Check Detector Fire Protection Pressure Vacuum Breaker Spill Resistant Pressure Vacuum Breaker	
Manufacturer: _____ Model # _____ Serial # _____ Size: _____ (inches)	
System Serviced _____ Location in bldg _____ Floor # _____ Room # _____	

TEST RESULTS: Pass Fail (COMPLETE APPLICABLE ASSEMBLY TYPE SECTION BELOW)

Reduced Pressure Principal or Reduced Pressure Detector Fire Protection (RP) – TEST RESULTS												
	Check Valve #2			Shutoff Valve #2			Check Valve #1			Pressure Differential Relief Valve		
Initial Test	Closed	Tight	Yes No	Closed	Tight	Yes No	Closed	Tight	Yes No	Pressure Drop Across	Check Valve #1 _____ psid	Opened at _____ psid
Final Test	Closed	Tight	Yes No	Closed	Tight	Yes No	Closed	Tight	Yes No	Pressure Drop Across	Check Valve #1 _____ psid	Opened at _____ psid

Double Check Valve or Double Check Detector Fire Protection (DC) – TEST RESULTS												
	Check Valve #1				Check Valve #2				Shutoff Valve #2			
Initial Test	Closed	Tight	Yes No	_____ psid	Closed	Tight	Yes No	_____ psid	Closed	Tight	Yes No	
Final Test	Closed	Tight	Yes No	_____ psid	Closed	Tight	Yes No	_____ psid	Closed	Tight	Yes No	

Pressure Vacuum Breaker (PVB) or Spill Resistant Vacuum Breaker (SRVB) – TEST RESULTS												
	Air Inlet Valve			Check Valve				Shutoff #2				
Initial Test	Failed to Open	Yes No	Opened at _____ psid	Closed	Tight	Yes No	Pressure Drop Across	Check Valve #1 _____ psid	Closed	Tight	Yes No	
Final Test	Opened at _____ psid			Closed	Tight	Yes No	Pressure Drop Across	Check Valve #1 _____ psid	Closed	Tight	Yes No	

Describe parts and repairs when needed:

CERTIFICATION: I hereby certify the foregoing information provided by me to be correct and that the tested device is functioning in compliance with State of Minnesota Plumbing Code, Chapter 4714.	TESTER'S SIGNATURE _____	TEST DATE: _____
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MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO	ALL MAJOR CREDIT CARDS ACCEPTED	Credit card information may not be submitted electronically. Staff will follow up with the contact listed above to arrange payment.
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