

**Application Form
RBA01**



Development Services Customer Service Center
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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

FEE: \$41.40

Install Relocate Remove Replace and SN# of Replaced Device

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	Opened at _____psid
							Pressure Drop Across	Check Valve #1	_____psid	
Final Test	Closed Tight	Yes	No	Closed Tight	Yes	No	Closed Tight	Yes	No	Opened at _____psid
							Pressure Drop Across	Check Valve #1	_____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	Closed Tight	Yes	No	Closed Tight	Yes	No
	Opened at _____psid			Pressure Drop Across	Check Valve #1	_____psid			
Final Test	Opened at _____psid			Closed Tight	Yes	No	Closed Tight	Yes	No
				Pressure Drop Across	Check Valve #1	_____psid			

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:** _____

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.