

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 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: _____

MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	CVV#	EXP DATE: Mo _____ Yr _____
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