

INSTRUCTIONS:

The purpose of this Form is to provide you with an opportunity to request inclusion as an "Active Indiana Inspector." To be included, you must complete this Form and declare your registration status of "Active Indiana Inspector." You need to check the YES box on the second page of this letter. If you do not wish to be included on the "Active Indiana Inspector" list, check the NO box.

Fill out and return the form to capcert@idem.in.gov . Retain a copy for your records.

		Cross Connection Control Device Inspector Name (please print)	
Registration Number	BF		
	Posiatration Inform	nation (chance and)	
	Registration Information (choose one) Yes, list my Registration Number on the Indiana Active Inspector's List (Please update your contact information below as needed.)		
	Address (number and street, city, state, and ZIP code)		
	Work Phone Number	Home Phone Number (optional)	
	No. do not list my Registration Number on the Indiana Active Inspects	ors List (Choose this option if you wish to remain on the active list, but do not want your name to	
	appear on IDEM's website. https://www.in.gov/idem/cleanwater/files/dw_permits_cross_connection_inspectors.pdf		
	No, I no longer wish to remain on the Indiana Active Inspectors List (Choose this option if you do not want to receive any further mail concerning Cross Connection Control Device inspectors. Please note any supporting information for inactivation of the registration, such as moved out of state, retired, no longer working in this		
	capacity, etc. Receipt of this information will greatly improve the quality of our database. The registration number on this letter will be "Inactivated" and you will receive no further mailing concerning this Indiana registration number.)		
Supporting Information for Removal			
Renewal cycles are every 2 years on even years beginning on January 1 ending on December 31 of even years. All new Inspectors in Indiana will be automatically placed on the current "Active			
Inspector" two-year list, unless they specifically notify us otherwise.			
If you choose to be listed on the "Active Inspectors List," you may want to provide your business information, such as business name, mailing address, and phone number in the area below. You			
must clearly print what you want to be displayed on the IDEM web page. Please note that any information entered on the four lines below, will be displayed on the Indiana Registered Cross			
Control Device Inspector	rs, Active Inspectors List. If no information is entered in this area, only you	ur name and backflow license number will be shown on this report.	
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IDEM reserves the right to remove any content deemed inappropriate for the IDEM webpage. This information will be shown on IDEM website. All addresses, phone numbers and other information provided on the above lines will be "public information."			
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	Cross Connection Co	ntrol Device Inspector	
Signature		Date (mm,dd,yyyy)	
Printed Name			