

TESTER INFORMATION

Name of tester _____

Name of business _____

Address: _____

School attended: _____

Certificate number _____ Expiration date: _____

Phone – Email

Office: (_____) - _____ - _____

Home: (optional) (_____) - _____ - _____

Cell phone or alternate phone number (_____) - _____ - _____

Fax: (_____) - _____ - _____

Email: _____

TEST KIT

Manufacturer: _____

Model: _____

Serial # _____

Date of calibration: _____

Please include a copy of your certification, test kit calibration, and submit to one of the following:

Dale Draughn
Davidson Water, Inc. -OR-
P.O. Box 969
Welcome NC 27374-0969

In person to:
7040 OLD US HWY 52
LEXINGTON NC 27295

-OR- Fax to:
(336)-731-3195