



**UNDERGROUND SPRINKLER SYSTEM  
RAIN SENSOR CERTIFICATION FORM**

<b>Test Date:</b>	<b>Pass</b>	<b>-</b>	<b>Fail</b>
<b>Retest Date:</b>	<b>Pass</b>	<b>-</b>	<b>Fail</b>

**Registration/Cross Connection Control #:** \_\_\_\_\_

**Test Address:** \_\_\_\_\_

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**Irrigation Company:** \_\_\_\_\_  
(PLEASE PRINT)

**Inspector Name:** \_\_\_\_\_  
(PLEASE PRINT)

**Inspector's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_