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| Property Address  |  |
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| CC or CDC Application No.  |  |
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| Description of WorkBeing Certified |  |
| I hereby certify that:The swimming pool / spa water recirculation and filtration system has been satisfactorily installed, tested, and complies with AS 1926.3 (2010) – *Swimming Pool Safety “Water Recirculation & Filtration Systems”.*Further, I am appropriately qualified and experienced to provide certification for this component of the installation, to minimise the risk of entrapment or injury for people using the pool/spa, by providing safe operation of skimmer boxes and outlet systems.  |
| Details of the PersonMaking the Statement | Name: Email: Phone No.: Licence No.: Company:  |
|  |  |
| Date |  |
|  |  |
| Signature |  |