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| Property Address |  |
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| CC or CDC  Application No. |  |
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| Description of Work  Being 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 Person  Making the Statement | Name:  Email:  Phone No.:  Licence No.:  Company: |
|  |  |
| Date |  |
|  |  |
| Signature |  |