

As an approved certified backflow assembly tester for the City of Kansas City, Missouri, you are required to submit test results to our office within 5 days of testing. Only tests for City of Kansas City, Missouri customers may be submitted to our office. Please verify with your customer which public water system serves their property (i.e. who they get their bills from) prior to testing.

Beginning November 1, 2021, test results from all approved testers must be submitted electronically using the City's new online submittal portal. This document provides step by step guidance on use of the online portal. Please also refer to the Test Report Form Cross Reference document, available on the KC Water's web site at https://www.kcwater.us/programs/backflow/ for guidance on where information previously entered on the Backflow Prevention Assembly Test Report form should be entered using the online software.

Newly approved testers will be required to use the online software immediately upon approval.

Use of the online software does not change how tests are performed or what information must be submitted to our office. Only the information previously required on the Backflow Prevention Assembly Test Report form is required with the new software. This document indicates which parts of the online forms are required and which are optional. The layout of this document follows the basic steps needed to submit test results to https://kansascity.tokaytest.com/. Please contact the KC Water Backflow Office at 816-513-4795 between the hours of 8 am and 4 pm, Monday – Friday or e-mail backflow@kcmo.org if you have any questions



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The website for online submittal is located https://kansascity.tokaytest.com/. The website can be accessed by most electronic devices (desktop computer, tablet, smart phone, etc.) using most common web browsers.

LOGGING IN

Only testers approved by the Missouri Department of Natural Resources (MDNR) or the American Society of Sanitary Engineering certification will be provided a User Name and Password to access the site. Failure to maintain up-to-date documentation with KC Water Backflow office for credentials required for tester approval (MDNR and ASSE certification, gage calibration, etc.) will result in your login credentials being deactivated. Credentials are checked daily.

Log in to the website using the User Name and Password assigned to you by the KC Water Backflow Office.

| Login to your Acc | ount | |
|-------------------|-------------------------|-------|
| User Name | | |
| Password | | |
| Remem | ber me on this computer | |
| | | Login |

If you forget your User Name or Password you will need to contact backflow@kcmo.org or 816-513-4795 to have your login information e-mailed to you.

If your login credentials are deactivated for any reason, please contact our office at backflow@kcmo.org. or 816-513-4795. Prior to contacting our office please review the Testers Credentials List at MDNR or ASSE determine if a lapsed credential was the cause of deactivation. Upon resolution of the issue that resulted in deactivation, expect an additional one to three business days to reactivate your account.



Once you have logged into the application a screen will appear as shown below. Confirm that the name and company name indicated are yours. If you are registered with more than one company you will be given a unique username and password for each.



ENTERING TEST RESULTS

The first step in entering test results is to add a new test. Click on the Add Test link.

| | _ | | | | | | | |
|---------------|--------------|----------------|------------------|----------------------------|---------------|---------------------|--------|--|
| | Main | Add Test | Review Tests | Payment Methods | View Cart | View Tester Profile | Legout | |
| | | | | | | | | |
| | | | | | | | | |
| Chris Weinand | it is logged | in with A TOT | AL SOLUTION FI | RE PROTECTION GRO | VUP | | | |
| You can custo | mize the d | efault message | that appears whe | n all testers log into the | WebTest softw | are. | | |
| e 1 | | | | | | | | |
| Select a Co | mpany | | | | | | | |
| ▲ 7 | OTAL SOL | UTION FIRE | PROTECTION GR | OUR | | | | |
| | | | rior benow or | ovr | | | | |
| 0.10 | ay's backli | ow Experts | | | | | | |
| | | | | | | | | |

Clicking on the **Add Test** link will open the **Device Profile Search** page.

Device Profile Search

To ensure you are testing the correct device, it is very important that you obtain the device serial number, the property address, and the location provided to the owner on the back of their notification letter from KC Water. <u>If the serial number and house/building number are not entered</u> <u>exactly as they appear on the customer's letter you will not be able to submit the test results.</u>

We suggest you obtain this information from the owner at the time of scheduling the test.



| Please enter the assembly serial number and building number only (no street name), -OR- Enter only the Hazard Identification (HID) that is issued for the particular backflow preventer. The HID was sent to the water customer. |
|--|
| Device Profile Search |
| • Indicates Required Field • Serial Number House/Building Number OR *Device/Hazard ID C Show All Hazards & Site e Locate Device (Clear Form f |

Explanation Above:

- a. Serial Number Located on device. Confirm this matches the serial number on the letter sent to the owner and that you are testing the correct device. If not, refer to Troubleshooting/FAQs.
- b. House/Building Number Numeric portion only of street address. For example if the address is 910 Dublin Road you would enter 910. Obtain this number from the "Property Address" line on the back of the letter sent to the owner. Please note that for master metered properties with multiple buildings or businesses the "Property Address" may be different than the address at the location of the assembly. Use the number on the form sent to the owner. If the location address is different, it will often be listed on the "Describe location of assembly" line on the back of the owner's letter.
- c. Hazard # KC Water Backflow has a unique tracking number. Not needed if Serial Number and House/Building Number are known. Hazard # is available on the test letter.
- d. Show All Hazards at Site This will populate all the Hazards associated at the site.
- e. Locate Device Once the serial number and house/building number have been entered, click this button to search the database for the device that requires its annual test.
- f. Clear Form Click this button to empty the contents of the cells.

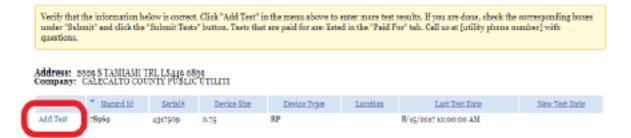


Verify Site Profile

Once the correct serial number and house/building number are entered, selecting "Locate Device" will bring up the "Verify Site Profile" screen as shown below. Refer to "Troubleshooting/FAQ" at the end of this document if you are having difficulty locating the device in the database.

Review the information on this screen, and update as necessary. Please note any changes made will be submitted to our office when you Confirm and Enter Results, regardless of whether you submit a test.

By clicking "Add Test," you will then be prompted to verify the Site Profile.





| | (0.50=1/2"; 0.75=3/4"; etc.) |
|-----------------------|--|
| | b Degrees Changes Capilace Device /2020 12:00 Last Test Status: Fail Next Test Due: 05/21/2021 12:00 |
| Contact | John2 Smith d |
| Address | #500 Main St e |
| Customer | CUSTOM CARTS (f) |
| Location | (9) |
| Hazard | Res-Active Weil h |
| Meter Number | 8503772 |
| Device Status | Active (j) |
| Serial Number | 1235 (k) |
| Manufacturer | FEBCD V |
| Model | 805YB (m) - |
| Type | |
| Size | 0.750 🕢 👻 |
| Owner Provided ID: | 132795 P |
| Bypass | |
| | Confirm and Enter Results or Control |

Explanation Above:

- a. No Changes This is the default. If all of the information on this screen is correct leave this button checked, and click q. (Confirm and Enter Results)
- **b.** Suggest Changes If any of the information is incorrect, select this button and enter what you feel are the correct values. KC Water Backflow staff will review any proposed changes before updating the database. Corrections of typographical errors for the serial number (e.g. correcting a missing or incorrect digit) should be made using this feature.
- c. **Replace Device** If the device the test is requested for has been replaced since the last test, check this button and enter the relevant information for the replacement device (serial number, manufacturer, model number, type, and size).
- d. Contact Customer or business name listed in customer test letter. Property address listed on the form on the back of the owner's notification letter. For master metered properties the property address may be different than the building or unit address where the device is located. Refer to item (g) below. This is the address that can be found on customer test letter and cannot be changed by the tester.



e. Address – Property address listed on the form on the back of the owner's notification letter. For master metered properties the property address may be different than the building or unit address where the device is located.

f. Customer

- **g.** Location Description of the location of the device. Please supplement if more detail is necessary. If the building number differs from the mailing address, please note the building address here.
- h. Hazard Description of the hazard that requires the backflow prevention assembly.
- i. Meter Number Serial number of the water meter on the service line that feeds this installation. You are not expected to verify this information.
- j. Device Status Will display the current device status.
- k. Serial Number Serial number of the backflow prevention device per customer test letter. If this number does not match the device you are testing refer to the Troubleshooting/FAQ section for guidance on verifying/updating information.
- I. Manufacturer Manufacturer of backflow prevention assembly. Also referred to as "make of assembly." I) Type Type of device. Acceptable values are: RP reduced pressure; RPDA reduced pressure, detector assembly; DC double check; DCDA double check . If this value must be changed, please enter the abbreviations provided here. The correct abbreviations are used by the software to direct you to the correct data entry screen.
- m. Model Manufacturer's model number.
- **n. Type** Type of device assembly.
- o. Size Nominal size of inlet and outlet piping to the backflow prevention assembly.
- p. Owner provided ID ID.
- q. Confirm and Enter Test Results Click this button to confirm values or save changes. Once you have confirmed, changes will be submitted to our office regardless of whether you continue to the next step to submit test data. All changes are proposed until reviewed and accepted by KC Water Backflow staff.
- r. Cancel Clears any changes and returns you to the prior (Device Profile Search) screen.



Test Data Entry, Device Type: RPZ or DC

Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

For reduced pressure principle devices the following screen appears. Items in yellow are not tracked by KC Water Backflow staff.

| Initial Test | Check Value #1 | Check Valve #2 | Relief Valve |
|---|---|--------------------------------|----------------------|
| Fail a | • Leaked | I Leaked | 0 |
| b | Closed Tight | Closed Tight | Did not Open B |
| 11117 | Held a d PSID | Held at f SID 0 | pened at h SID |
| Repaired | Enter | Repair Details Below | |
| Clean | | | |
| Rubb | | | |
| Final Test | Check Valve #1 | Check Valve #2 | Relief Valve |
| | (n) Closed Tight | Closed Tight | |
| 0 | Held a PSID | | pened a PSID |
| | ned a O I SLD | Heid at q PSID 0 | pened a Proto |
| Details | #2 Shutoff | | |
| S | © Leaked (t |) | |
| <u> </u> | Closed Tight | | |
| Test Kit | Com | ments | |
| 67 (u) • | \cap | | |
| | \mathbf{igsin} | | |
| derstand that I must provide a signed cop | w of the completed test report to the r | momenty owner and/or person is | charge of premise |
| | eport is true and accurate. | woperty owner and/or person a | i charge or prenine. |

Explanation Above:

Initial Test

- a. Pass/Fail Mandatory. Indicates if the device passed or failed the initial test.
- **b.** Date Mandatory. Date of initial test. Select value from the pop-up calendar.



Initial Test, Check Valve #1

- c. Leaked/Closed Tight Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d. Held _____ PSID Mandatory. Enter the test PSID for Check Valve #1. Initial Test,

Check Valve #2

- e. Leaked/Closed Tight Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f. Held _____ PSID Mandatory. Enter the test PSID for Check Valve #2.

Initial Test, Relief Valve - Mandatory

g. Did Not Open - Check this box if the relief valve did not open at the required PSID.

h. Opened at ____ PSID – Enter the test PSID when the relief valve opened.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

i. Date - Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- j. Cleaned/Rubber Kit/Rebuild Select box that best describes the nature of the repairs.
- k. Comments Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- I. Pass Check this box only if repairs were made and tests show the device is now functioning properly.
- m. Date Date the final test was performed that showed the device as functional. Final

Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- n. Closed Tight Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- o. Held at ____ Enter the test PSID for Check Valve #1.



Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

- p. Closed Tight Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- q. Held at____PSID Data not tracked by KC Water Backflow office but the software may require an entry to continue. Enter the test PSID for Check Valve #2. If the PSID was not recorded, enter 0.0.

Final Test, Relief Valve – Only fill in this section after repairs are made and the device passes all tests.

r. **Opened at____PSID** – Enter the test PSID when the relief valve opened.

Details – Only fill in this section after repairs are made and the device passes all tests.

- s. Proper Install, Yes/No Mandatory. Does the assembly meet proper piping installation requirements?
- t. #2 Shutoff, Leaked/Closed Tight Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

 Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the KC Water Backflow office. Test kits may not be used if it has been more than 12 months since it was last calibrated.

Comments

- v. Data entry optional. Provide any comments.
- w. Certification Tests cannot be submitted to the KC Water Backflow office until you have checked the box acknowledging the four certification statements are true.
- x. Save Test Data Temporarily saves test data until you are ready to submit test results to the . Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- **y. Cancel** Clicking this button discards any unsaved changes and returns you to the prior ("Verify Site Profile") screen.



Test Data Entry, Device Type: DC or DCDA

For double check devices the following screen appears. Items in yellow are not tracked by the KC Water Backflow office.

| ita Entry | | |
|---|--|-------------------------------|
| Number: 1302351103 Device Type: DCDA Addi Initial Test | ress: 1000 N HAGUE AVE - METER PIT NORTH SIDE OF DF Check Valve #1 | Check Valve #2 |
| ass Fail a | C C Leaked | © Leaked © Closed Tight e |
| יררו/סו | Held at d SID | Held a f PSID |
| Repaired | Enter Repair Details Below | • |
| g Cleaned Rubber Kit Rebuild | h () | |
| Final Test | Check Valve #1 | Check Valve ≢2 |
| () _(k) | Closed Tight | Closed Tight n Held O PSID |
| Details | • | 0 |
| les p | *2 Shutoff Leaked Closed Tight | |
| Test Kit | Comments | |
| 4567 (1) • | (5) | |

Explanation Above:

Initial Test

- a. Pass/Fail Mandatory. Indicates if the device passed or failed the initial test.
- b. Date Mandatory. Date of initial test. Select value from the pop-up calendar.



Initial Test, Check Valve #1

- c. Leaked/Closed Tight Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d. Held _____ PSID Mandatory. Enter the test PSID for Check Valve #1.

Initial Test, Check Valve #2

- e. Leaked/Closed Tight Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f. Held _____ PSID Mandatory. Enter the test PSID for Check Valve #2.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

g. Date - Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h. Cleaned/Rubber Kit/Rebuild Select box that best describes the nature of the repairs.
- i. Comments Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- j. Pass Check this box only if repairs were made and tests show the device is now functioning properly.
- k. Date Date the final test was performed that showed the device as functional.

Final Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- 1. Closed Tight Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- **m. Held at ____** Enter the test PSID for Check Valve #1.



Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

- **n.** Closed Tight Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- o. Held at ____ Enter the test PSID for Check Valve #2.

Details

- **p. Proper Install, Yes/No** Mandatory. Does the assembly meet proper piping installation requirements?
- q. #2 Shutoff, Leaked/Closed Tight Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

 Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the KC Water Backflow office. Test kits may not be used if it has been more than 12 months since last calibrated.

Comments

- s. Data entry optional. Provide any comments.
- t. Certification Tests cannot be submitted to the KC Backflow office until you have checked the box acknowledging the four certification statements are true.
- Save Test Data Temporarily saves test data until you are ready to submit test results to the KC Water Backflow office
- v. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- w. Cancel Clicking this button discards any unsaved changes and returns you to the prior ("Verify Site Profile") screen.



Reviewing and Submitting Tests

Once tests have been saved they will appear in the list on the Review Tests page. Saving a test does not submit any information to our office.

| | Main | Add Test | Review Tests | Payment Methods | View Cart | Logout | I | |
|---------------|-----------|---------------|----------------|-------------------|--------------------------|------------|---|-------|
| hris Weinandt | is logged | in with A TOT | AL SOLUTION FI | RE PROTECTION GRO | OUP - <u>click to ch</u> | ange | | |
| | | | | | | | If you are done, check the corr Call us at [utility phone numb | |
| Unsubmittee | l s | ubmitted | Filter: | • | | • | Filter | Reset |
| No Test Data | | ubmitted | Filter: | ~ | | *] | Filter | Reset |

Tests that have not been submitted can be reviewed by clicking on the "Unsubmitted" tab. Click on the serial number to open that particular test. After opening, unsubmitted tests may be edited or deleted. Any tests in the "Unsubmitted" tab have not been sent to our office.

When you are ready to submit a test, check the box in the column next to the test or tests you wish to submit, then click on "Submit Tests". Tests submitted will be available to the KC Water Backflow office the next business day.

To review tests that have been submitted click on the "Submitted" tab. Submitted tests may only be viewed or printed. They cannot be edited or deleted. If you need to modify a test already submitted you must contact the KC Water Back Flow or resubmit the report as a new test. If resubmitting to correct a test with an error, please add a note in the comments section of the report.

Applying a Search Filter

On either tab you can search for individual tests or tests meeting certain criteria using the "Filter" tool to the right of the "Unsubmitted" and "Submitted" tabs. You can use any of the information in your test list as search criteria, e.g. serial number or test date. You can also search using the following qualifiers: equal to, not equal to, starts with, contains, or does not contain.

To apply a filter select a criterion and qualifier from the pull down lists and type the search value in the box. Click the "Filter" button to narrow the list.



Printing Test Reports

Test reports can be printed from either the "Unsubmitted" or the "Submitted" tabs on the "Review Tests" page. Click on the box under the "Select" column to place a check in the box next to the report(s) you wish to print.

The first screen that returns may look somewhat jumbled. This is normal and will be corrected in the next step.

| 3498137 / 181336 9/1 9/1068134 / 181336 9/1 | /24/2021 6:34:00 AM /23/2021 8:10:00 AM /17/2020 10:06:00 AM | 2132 sooth Ave - irrigation 4182 - Greenwood Ave, - In mechanical room on north wall 4182 - Greenwood Ave, - In mechanical room on | 3/24/2021 pass 3/23/2021 fail | 3/23/2021 | 0090438 | |
|--|--|---|--|-------------------|----------|----------|
| 3498137 / 181336 9/1 654168134 / 181336 9/1 | | north vall | | -, -, | | |
| 054168134 / 182329 9/1 | /17/2020 10:06:00 AM | a182 - Greenwood Ave In mechanical room on | | pass | 0090438 | 1052376 |
| | | north wall | 9/17/2020 pass | | 0090438 | 1052375 |
| □ 134-5436 / s80001 0/s | /17/2020 10:06:00 AM | 738 105TH AVE - Basement, mechanical room, n.w. comer | 9/17/2020 fail | 9/17/2020 pass | 0090438 | 2052374 |
| | /11/2020 12:31:00 PM | 315 1/2 Thomas L Berkley Way - Boller room west wall | 9/11/2020 pass | | 01050660 | 1052373 |
| 🖌 654168134 / 182320 9/1 | /11/2020 12:31:00 PM | 738 105TH AVE - Fire riser | 9/11/2020 fail | 9/11/2020 pass | 0090438 | \$052372 |
| 1 2 3 4 | | | | | | |

Near the top left corner of the screen select the "Export this report" button. When the "Export" window opens, choose "PDF" for the file format and then click "Export" at the bottom right of the "Export" window. A PDF file will be created that you can print and/or save.



| Appen Output foo | Export X |
|-------------------------------------|--------------|
| File Edit View Tavorites Tools Help | File Format: |
| 🙀 🔁 Suggested Sites * | PDF |
| 3 1 - A D D 101 + 1006 + | |
| Hain Report | Page Range: |
| | Al Pages |
| | Select Pages |
| | Frome |
| | To: |
| | |
| | |
| | Export |

Select the "Return to Test Data Summary Page" button at the bottom of the page or use the back arrow on your web browser to return to the "Review Tests" page.

<u>Logout</u>

When you are finished entering test results you may log out by selecting this button. If you do not log out on your own, the site may automatically log you out after approximately 5 minutes of inactivity.





Troubleshooting/Frequently Asked Questions

What if the serial number on the device does not match the serial number on the owner's notification letter?

Possibilities: you are at the wrong device; the device has been replaced; or the information in the database is incorrect. You will need to troubleshoot to determine which scenario is the case.

Search the online database using the serial number you found on the device and the property address. If the search locates a record in the database, you are likely not at the correct device. Confirm if the owner has other backflow assemblies. Tests performed on the incorrect device may result in non-compliance for the device noted on the customer's letter.

If a search of the serial number on the device does not locate a record in the database and you are at the correct hazard, the device may have been replaced or the serial number in the database may be incorrect. Does the owner have knowledge of the device being replaced? Does the other device information (manufacturer, model, type, and size) match? Is the serial number on the device similar to the one on the letter? Use your judgment to determine if the device was replaced or the serial number in the database is incorrect. Pull up the record in the database using the serial number and address on the owner's notification letter to locate the record in the database. Select either the "Make Changes" button or the "Replace Device" button, as appropriate, and enter the correct information.

What if I cannot locate a device in the database using the serial number and address provided on the owner's notification letter?

First, make sure the notification letter is from KC Water, not another public water system. If the owner received a letter from KC Water notifying them of their annual testing requirement the device exists in the KC Water Backflow office.

Double check the serial number and house/building number you are entering into the cells on the search screen. The information you are entering must match the information on the back of the letter. Only the numeric portion of the house/building number must be entered. This information must come from the "Property Address" line on the back of the owner's letter.



What if a device has been removed?

Backflow prevention devices may be required by plumbing code (enforced by local building departments) or by KC Water. Devices required by KC Water (containment devices) are required to prevent the public water supply from contamination by on-site hazards. Devices required by plumbing code (isolation devices) are required to protect the on-site consumers from contamination by on-site hazards. In some cases a single device may be required by both the Division of Water and plumbing code.

Removal of a device generally must be approved by the overseeing authority (KC Water or the local building department or both) and is only permissible if the hazard that initially required the device to be installed has been eliminated. If a device has been removed, from the Verify Site Profile screen select Make Changes and type the word "Removed" in the Serial Number box.

How do I enter reports for new devices?

Before a test report can be submitted through the online portal a record of it must exist in our database. For newly installed devices send an e-mail backflow@kcmo.org with the following:

customer name property address device serial number device type (RP or DC)

We will add the device to the database and notify you by e-mail when the device can be accessed in the online portal. When submitting the test report you will need to fill in the remaining information location, hazard type, manufacturer, model, and size.



Adding a Payment Method:

You can add a payment method by clicking on the "Payment Methods" button at the top, then by clicking "Add a Payment Method." It will prompt you to add your card information and contact information. You can also save your information and "Add to Balance" when needed.

| Main Adv | d Test Review Test | Promont Methods Gen Cart | Logout |
|------------------------|----------------------------|--|-------------------------|
| | | | |
| oustourize the default | message that appears w | then all testers log into the Web/Test and | tvare. |
| Payment Methods | 1 | - | |
| - against second | Flamm palact a Pavera | ent Method to modify or click the 'Add | Payment Method' batton. |
| | Account Balance (C | | Add to Balance |
| | | Add a Payment Method | |
| | | | |
| | | | |
| | Main Add.Test | | |
| | | Card Number + | |
| | | Esp. Date + | |
| in centers | wire the default message t | Card Code | |
| ige Paym | and Mathoda | | _ |
| | Please. | Billing Address | mon. |
| | Account | Fist Name | E |
| | | Last Nome | |
| | | USA | * |
| | | Zip | _ |
| | | Street Address | |
| | | Chy | _ |
| | | State | |
| | | | |
| | | Phone Number | |
| | | Company | |
| | | SAVE Concel | |
| | | | |



Checkout:

To officially submit your tests, you will need to check out after submitting your results. You can access this by clicking on the "View Cart" tab at the top.



After clicking "View Cart," you can then "Proceed to Checkout." You will need to complete the following steps to officially submit your test/s to https://kansascity.tokaytest.com.

Click "Proceed to Checkout" to move to the final step if everything looks correct.

| Shopping Cart | | | | | |
|---------------------|---------------------------------|----------------|--------|--------|--------|
| Serial# | Addre | ess | Price | Rer | nove |
| 4317509 | 2029 S TAMIAMI TRL L5449 0839 - | | \$1.00 | Ren | neve |
| | | | Sub | total: | \$1.00 |
| | | | Total | Due: | \$1.00 |
| Return to Test Data | Summary | Proceed to Che | ckost | | |



| f the information | a below is correct, proceed to secure checkout. | | |
|-------------------|---|-----------------------------------|--|
| heckout | | | |
| | Please select a Payment Method or elick th | he 'Add a Payment Method' button. | |
| | Bubtract from Account Balance (Currently \$931) | | |
| | Delete Selected Payment Method | Add a Payment Method | |
| | Receipt Email Address: | | |
| | Complete C | Treachoest | |

After you complete your checkout process, you will have a unique transaction ID, and have officially submitted your results and payment.

| Your transaction has been successfully processed. | | | | | | |
|---|--|----------------|-----------------|--|--|--|
| Checkout Receipt | | | | | | |
| Serial# | Description 2029 S TAMIAMI TRL LS449 0839 - | | Price \$1.00 | | | |
| 431/307 | AND A DUBRIN THE RATES WARE - | Subtotal: | \$1.00 | | | |
| Transaction I | d: d15679d0-925b-4791-aa9d-c4905e551fd9 | Total Paid: | \$1.00 | | | |
| | | Ok | Print Receipt | | | |
| | | | | | | |