



CITY OF DALLAS

BACKFLOW ASSEMBLY TESTER REGISTRATION

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>
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MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED FOR REGISTRATION
RETURN THIS ORIGINAL FORM COMPLETED ALONG WITH A COPY OF YOUR (1) T.C.E.Q. BACKFLOW ASSEMBLY TESTER CERTIFICATE, (2) STATE APPROVED PHOTO I.D., (3) ALL APPLICABLE CLAIBRATIONS TEST REPORT FORMS AND (4) PAYMENT FOR \$35.00 MADE PAYABLE TO THE CITY OF DALLAS.

PLEASE NOTE: **T.C.E.Q. BACKFLOW ASSEMBLY TESTER CERTIFICATE** OF REGISTRATION EXPIRES AS INDICATED BY THE STATE, PURSUANT TO STATE LAW. APPLICATION IS HEREBY MADE FOR REGISTRATION AS A BACKFLOW ASSEMBLY TESTER.

CERTIFICATE HOLDER INFORMATION:

DATE ___/___/___ STATE BACKFLOW ASSEMBLY TESTER CERTIFICATION # - _____

EXPIRATION DATE: _____ CONTR. # _____

NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____
Number Street City State Zip

PHONE NUMBER _____ FAX NUMBER _____
Number Street City State Zip

E-MAIL ADDRESS (IF APPLICABLE) _____

ALL INFORMATION MUST BE COMPLETE.

Name _____ 9 Digit PIN # _____
 I, _____ (BACKFLOW TESTER)

GAGE #	MANUFACTURER	MODEL and SERIAL#, 'S	CALIBRATRION EXPIRES

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED X _____
Signature of Backflow Tester

Registration Clerk/Notary Public _____

Sworn to me before this _____ Day of _____ 20_____

ANY CHANGES OR CORRECTIONS TO THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH.