



BACKFLOW ASSEMBLY TESTER
REGISTRATION

NEW [ ] RENEWAL [ ]

Contractor # \_\_\_\_\_

Must Be Completely Filled Out In Order To Be Accepted For Registration

Original Registration: The Licensed Tester must personally appear at 320 E. Jefferson Blvd. Room 210 and furnish (1) This original form completed, (2) Their current Backflow Tester's pocket license, (3) An approved photo identification, (4) Payment of \$120.00. Please make checks payable to "City of Dallas".

Renewal Registrations: May be processed in person at any Building Inspection office or online through the contractor's Dallas website. (1) All documents listed above are required for each registration renewal, (2) If not registering in person, this document must be notarized, (3) Payment of \$120.00. Please make checks payable to "City of Dallas".

Please note: Backflow Tester Certificates of Registration provided for in the Code, expire annually upon the expiration date of the State License. Pursuant to the City Code, application is hereby made for registration as a Backflow Tester Contractor.

All information must be complete (Please Do Not Use "Same")

Backflow Tester Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State License # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contr. # \_\_\_\_\_ Email: \_\_\_\_\_

Name of Tester: \_\_\_\_\_

Address: \_\_\_\_\_
Number Street City State Zip

Mailing Address: \_\_\_\_\_
Number Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

If company is located within the city limits of Dallas, please provide the certificate of occupancy number:

C.O. # \_\_\_\_\_

The Licensed Backflow Tester is the only person authorized to sign permits or validations to perform backflow test.

Name PIN # (LIMIT TO 4 DIGITS OR LESS)

(Tester)

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

SIGNED X \_\_\_\_\_
Signature of Responsible License Holder

Registration Clerk/Notary Public: \_\_\_\_\_

(Must Be Signed by Registration Clerk or Notarized)

Sworn to me before this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Any changes or corrections to this information must be submitted on this same form and marked as amended \$30.00 record chane fee shall apply.