



250 W. First Street, Prosper, TX 75078  
Phone 972-346-3502

Email registrations to: [registrations@prospertx.gov](mailto:registrations@prospertx.gov)

## Certified Backflow Tester Registration

Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

*All contractors are responsible for complying with Ordinance No. 06-37 governing registration requirements.  
A \$100.00 Registration fee is required at time of registration and shall not be pro-rated.*

### Registration Information

- Please provide a copy of the TCEQ Backflow Tester license and valid Driver's License.
- A current calibration report for all test gauges that are used for testing shall be provided.
- Each applicant shall furnish evidence demonstrating proof of insurance or bonding to perform services on private property.
- Fire line testers shall provide proof of permanent employment by an approved Fire Line Contractor.
- A copy of Confined-Space Training Certificate shall be provided.
- Contractor registration is valid per calendar year, from date of registration to December 31<sup>st</sup> of the same year.
- Annual registration fee shall be paid on the 1<sup>st</sup> of January.

### Company Information

Company Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_ Bldg # \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Backflow Tester Information

Fire Line Tester:  Yes  No

Name \_\_\_\_\_ BPAT # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Confined Space \_\_\_\_\_

Gauge Information \_\_\_\_\_

**Acknowledgment:** I hereby acknowledge that I have read and examined this application and know the same to be true and correct.

\_\_\_\_\_  
(Signature of Responsible Person/License Holder)

\_\_\_\_\_  
(Date)