

☐ NEW☐ RENEWAL

BACKFLOW PREVENTION TESTER REGISTRATION FORM

Submit all documents and reports to: **backflow@copperascovetx.gov**

Water Department - Backflow Prevention Division / Customer Service Inspection (BPAT & CSI)

Corey Chambers/Water Superintendent

914 Tank Street, Copperas Cove, TX 76522

Phone: (254) 280-9813

Email: cchambers@copperascovetx.gov

Registration Requirements:

- ✓ Copy of your TCEQ Backflow Prevention Assembly Tester Accreditation
- ✓ Current copy of accuracy test/calibration report for each testing gauge kit in use
- ✓ Current copy of Driver's License
- ✓ Copy of any other licenses pertaining to plumbing, fire lines, and irrigation
- ✓ FILL OUT THIS FORM COMPLETELY - or registration will be void

TESTER'S INFORMATION:

Name (Last, First, MI): _____

Home Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

E-mail Address: _____

Backflow Prevention Assembly Tester's License Number: _____

License Expiration Date: _____

BUSINESS/EMPLOYER'S INFORMATION:

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person's Name: _____

Business Phone: _____

Work Cell: _____

Fax Number: _____

Work E-mail: _____

TESTING GAUGE INFORMATION:

Make	Model	Serial Number	Calibration Expiration

I certify that all the information provided in association with this application is **TRUE** and **CORRECT** and that the Backflow Prevention Assembly Accreditation from **TCEQ has not been revoked**.

Signature: _____

Print Name: _____

Date: _____

THIS AREA IS TO BE COMPLETED BY OFFICE PERSONNEL ONLY		
Received and Verified by:	Date:	Comments