



## Water Utility Services

Post Office Box 216  
731 E. Rock Island Ave  
Boyd, Texas 76023

### Backflow Tester Contractor Registration

Backflow assembly testers “must register annually with the City, provide proof of TCEQ certification, provide proof that testing equipment is able to maintain a calibration of plus or minus 0.2 paid accuracy, and pay any required annual, nonrefundable, tester registration fee”. Registration may be reviewed and revoked by the City if it is determined that the tester has:

- (1) Falsely, incompletely, or inaccurately reported assembly reports;
- (2) Used inaccurate gauges;
- (3) Used improper testing procedures; or
- (4) Created a threat to public health or the environment.

The following information is required to register with the City of Boyd Water Utilities as a Backflow Tester.

Please print or type the following information

#### Registrant Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

BPAT#: \_\_\_\_\_ BPAT Expiration: \_\_\_\_\_

**Fireline Tester? Y / N** \*If yes, must attach a letter stating permanent employee as well as registration with the State Fire Marshal's office. Registrant's will not be listed as fire line testers without this information.

#### Business Association Information

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

**Equipment Information**

Make/Model: \_\_\_\_\_ Serial#: \_\_\_\_\_ Calibration

Expiration: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Serial#: \_\_\_\_\_ Calibration

Expiration: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Serial#: \_\_\_\_\_ Calibration

Expiration: \_\_\_\_\_

**Applicants must attach proof of a valid TCEQ license as well as valid equipment calibration certificate.**

The City of Boyd Code of Ordinances allows individual test forms to be used upon approval by the City of Boyd Water Utilities department. Approved forms must contain the same information as the City's Backflow Prevention and Test Record form, which is enclosed. We strongly encourage the use of the City's form.

I understand that by submitting this form I am registering with the City of Boyd as required in the City of Boyd Code of Ordinances and understand that my registration will be revoked for any of the above listed reasons.

\_\_\_\_\_

Signature of Registrant Date

Form must be returned to:

**City of Boyd Water Utility Services**  
**Attn: Backflow Program**  
**PO Box 216**  
**Boyd, TX 76023**  
**tiffany@cityofboyd.com**