CITY OF SEGUIN

LICENSED BACKFLOW TESTER REGISTRATION

A copy of the backflow tester's BPAT license, a photo identification and a
Copy of the latest accuracy test on the test kit must accompany this form.

Please print or type.

Employer Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Alternate Phone#:_____

Fax #: _____ E-Mail: _____

Tester's Information:

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver's License #: _____

Phone #: _____ Alternate Phone #: _____

Fax #: _____ E-Mail: _____

State License #: _____ Expiration Date: _____