



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 Number: _____ Email: _____

Tester's Information:

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Telephone Number: _____ Cell Number: _____

Email: _____

State License Number: _____ Expiration Date: _____

Signature: _____ Date: _____