



Building Inspections

2012 BACKFLOW TESTER REGISTRATION FORM

Physical Address: 1001 Cross Timbers Road, Suite 2330

Mailing Address: 2121 Cross Timbers Road

Flower Mound, TX 75028

(972) 874-6355

Registration fee: \$125.00 per license
Registration is valid for the 2012 calendar year.

License Holder*: _____

*This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with Town codes and ordinances.

Business Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: () _____ **Fax:** () _____

Cell Phone: () _____

E-mail Address: _____

Gauge Number: _____ (Please provide a copy of your current gauge calibration form.)

ORIGINAL Signature of License Holder**

Printed name of License Holder

License Holder: Please attach a legible copy of your current driver's license (text & picture), or if you do not possess such a valid driver's license, then such other identity card or document issued by the federal or state government containing your picture and signature, and current BPAT license showing the expiration date of your license.

****THIS FORM MUST BE NOTARIZED IF ANY OTHER PERSON IS DELIVERING YOUR REGISTRATION FORM FOR YOU OR IF YOU ARE REGISTERING BY MAIL. IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT. REGISTRATION IS VALID FOR THE CALENDAR YEAR YOU ARE REGISTERING IN UNLESS YOU ARE REGISTERING IN DECEMBER, IN WHICH CASE, YOUR REGISTRATION WILL CARRY OVER TO THE FOLLOWING CALENDAR YEAR. A RENEWAL NOTICE WILL ONLY BE SENT IF YOU FURNISH US WITH AN E-MAIL ADDRESS.**

THE STATE OF TEXAS §
COUNTY OF _____ §
BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature of Registrant

Subscribed and sworn to before me, this _____ day of _____ 20 _____ A.D. to certify which witness my hand and seal of office.

Notary Public - Signature

FOR OFFICE USE ONLY

REVIEWED BY _____

FEE AMOUNT PAID \$ _____

DATE RECEIVED _____

NO ACCESS CODE FOR BACKFLOW TESTERS