



Building Inspections

2020 BACKFLOW TESTER REGISTRATION FORM

2121 Cross Timbers Road
Flower Mound, TX 75028
972-874-6355

Registration fee: \$125.00 per license.
Registration valid for the 2020 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: () _____ **Cell:** () _____

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 THIS FORM FOR YOU, IF YOU ARE REGISTERING BY MAIL, OR IF YOU ARE REGISTERING BY EMAIL.** IF REGISTERING BY MAIL, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO RECEIVE A RECEIPT OF PAYMENT BY RETURN MAIL. 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.**

****IF REGISTERING BY EMAIL, THIS FORM ALONG WITH A COPY OF THE LICENSES OF BACKFLOW TESTER MUST BE EMAILED TO BIPERMITSUBMITTAL@FLOWER-MOUND.COM.**

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** _____