



BACKFLOW PREVENTION ASSEMBLY TESTING FORM B-TESTER REGISTRATION

PWS ID# 1260002

Public Works Department
Backflow Prevention Program
141 W. Renfro
Burleson, Texas 76028
Fax (817) -426-9377
backflow@burlesontx.com

- (1) All testers wishing to conduct backflow prevention assembly testing and maintenance within the City of Burleson must comply with Ordinance B-641 Article VI, Sections 7-90 through 7-125, Cross Connection Control Policy. The purpose of this article is the regulation of design, installation, and maintenance of cross connections. The ordinance also establishes the registration and responsibility requirements of testers and includes enforcement responses for non-compliance.
- (2) Before any backflow prevention assembly testing can take place, registration with the City of Burleson is required.
- (3) Registration is a two-part process. The first part of registration is completion of Form A- Company Registration by the backflow testing company or firm.
- (4) The second part of registration is completion of this form (Form B-Tester Registration) in its entirety for each tester.
- (5) Mail original signed report to address listed to the left. Fax or email of completed registration may be sent for immediate review, approval, and adding to City of Burleson's public active tester list. However, original registration must be received within 10 business days or tester will be removed from list.
- (6) Copies of the following must be submitted to the Public Works department:
 - a. State of Texas driver's license (or other state approved photo ID)
 - b. Backflow Prevention Assembly Tester license (TCEQ issued)
 - c. Test gauge calibration/accuracy certification of all test gauges

REGISTRATION TYPE	
NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>

COMPANY INFORMATION

Backflow Testing Company Employed By _____

TESTER INFORMATION

Name _____
(First) (MI) (Last)

Driver's License _____
(Number) (State) (Expiration)

BPAT Certification (TCEQ Issued) _____
BP (Number) (Expiration)

Check the following box and complete contact information ONLY if it is different than company information listed on Form A of registration, and you wish the information to be noted on the public list beside your name.

Add following information next to my name on the city's active backflow prevention assembly testers list.

Address _____

City, State, Zip _____

Telephone No. _____

Fax No. _____

TEST GAUGE INFORMATION (attach additional sheets if more than two test gauges)

Test Gauge #1

_____ (Manufacturer)	_____ (Model)
_____ (Serial No.)	_____ (Date of last test)

Test Gauge #2

_____ (Manufacturer)	_____ (Model)
_____ (Serial No.)	_____ (Date of last test)

AUTHORIZED REPRESENTATIVE

Backflow Tester _____ (signature) Date Form Completed _____

Company Approval _____ (print name) _____ (signature) _____ (title)