FIRELINE TESTERS REGISTRATION FORM

City of McKinney

Add your name to WEB Page
YES ☐ NO ☐

Registration Information for a Backflow-Assembly Tester

Any Questions, Please Contact: Backflow Prevention Department at
972.547.7362 / 972.547.2636
Mailing: P.O. Box 517 McKinney, Texas 75070
Physical Location: 1550 S. College St. Bldg. "B", McKinney, Texas 75070

REGISTRATION IS BASED ON THE GAUGE CALIBRATION DATE AND IS GOOD FOR 1 YEAR.
REGISTRATION FEE IS $ 100.00 PAID AT THE UTILITY BILLING OFFICE , 222 N. TENNESSEE ST. MCKINNEY, TX.

This form MUST BE FILLED OUT COMPLETELY and RETURNED TO the BACKFLOW PREVENTION DEPARTMENT prior to ANY TESTING of ASSEMBLIES

RECEIPT NO: _____ (CHECK ONE) NEW Registration _____ RENEWAL Registration _____

Name: _____ _____ _____
Print Last Name Print First Name Middle Initial (s)

Home Address: _____ (C),(H), Telephone: _____
Circle One

City: _____ State: _____ Zip Code: _____ E-MAIL:_____

Present Employment:
Company(ies): _____ WORK NO: _____

Work Address: _____ FAX NO: _____

City: _____ State: _____ Zip Code: _____ WEB SITE:_____

Type of work performed by this Company: _____

Backflow **P**revention **A**ssembly **T**ester **C**ertification **N**umber: _____ Certificate Expiration Date: _____

In order for your registration to be ACTIVE, Please attach copy(ies) of the following documents and check the appropriate box(es):

1. **B**ackflow **A**ssembly **T**ester **C**ertificate from **TCEQ.** ☐
2. **Annual calibration sheet for ALL testing equipment.** ☐
3. **Valid Drivers License No:**_____ ☐
   Exp Date: _____ **STATE:** _____
4. **PROOF OF LIABILITY INSURANCE** ☐
5. **FIRE SPRINKLER CERTIFICATE (SCR)** ☐
6. **FIRELINE COMPANY LETTER HEAD** ☐
   SHOWING FULL TIME EMPLOYMENT

Testing Equipment Information:

TEST GAUGE 1:
Manufacture Name: _____ Equipment Model No: _____
Testing Equipment Serial Number: _____ Date Tested: _____ Owner of Gauge: _____

TEST GAUGE 2:
Manufacture Name: _____ Equipment Model No: _____
Testing Equipment Serial Number: _____ Date Tested: _____ Owner of Gauge: _____

_____ _____
SIGNATURE of APPLICANT DATE SIGNED