

# GENERAL 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 Prevention Assembly Tester Certification Number: \_\_\_\_\_ 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. Backflow Assembly Tester Certificate from TCEQ.

2. Annual calibration sheet for ALL testing equipment.

3. Valid Drivers License No: \_\_\_\_\_

4. OTHER: \_\_\_\_\_

Exp Date: \_\_\_\_\_ STATE: \_\_\_\_\_

5. OTHER: \_\_\_\_\_

#### 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 \_\_\_\_\_