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## BACKFLOW PREVENTION TESTER REGISTRATION FORM

Submit all documents and reports to: [backflow@copperascovetx.gov](mailto:backflow@copperascovetx.gov)

Water Department - Backflow Prevention Division / Customer Service Inspection (BPAT & CSI)  
 Corey Chambers/Water Superintendent  
 914 Tank Street, Copperas Cove, TX 76522  
 Phone: (254) 547-2416      Cell: (254)813-1789      FAX: (254)547-2181  
 Email: [cchambers@copperascovetx.gov](mailto:cchambers@copperascovetx.gov)

### Registration Requirements:

- ✓ Copy of your TCEQ Backflow Prevention Assembly Tester Accreditation
- ✓ Current copy of accuracy test/calibration report for each testing gauge kit in use
- ✓ Current copy of Driver's License
- ✓ Copy of any other licenses pertaining to plumbing, fire lines, and irrigation
- ✓ FILL OUT THIS FORM COMPLETELY - or registration will be void

### TESTER'S INFORMATION:

Name (Last, First, MI): \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Backflow Prevention Assembly Tester's License Number: \_\_\_\_\_  
 License Expiration Date: \_\_\_\_\_

### BUSINESS/EMPLOYER'S INFORMATION:

Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Work E-mail: \_\_\_\_\_

### TESTING GAUGE INFORMATION:

Make	Model	Serial Number	Calibration Expiration

I certify that all the information provided in association with this application is **TRUE** and **CORRECT** and that the Backflow Prevention Assembly Accreditation from **TCEQ has not been revoked.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

THIS AREA IS TO BE COMPLETED BY OFFICE PERSONNEL ONLY		
Received and Verified by:	Date:	Comments