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| --- |
|  |
| Business Name:  |
| Street Address:  | City: | State:  | Zip: |
| Manager of Operations: | Business Phone: |
| E-mail Address:  |
| TCEQ BPAT License #: | BPAT License Expiration Date:  |
| Name of Tester: | Home Phone: |
| Emergency Phone: |
| Tester Driver’s License #: | State:  | DOB: |
| **Certified Tester Carrollton#:** |
|  |
| **(If applicable**)  |
| Parent Company Name: | Texas Corporation #:  |
| Address: | City: | State: | Zip: |
| Phone: |
|  |
| **Your Completed Application Must Be Submitted Along With Copies of:*** Certificate / License if you are a licensed plumber
* Certificate / License if you are a licensed lawn sprinkler contractor
* TCEQ BPAT renewable license with expiration date
* If you are a licensed fire sprinkler contractor, a current copy of your company’s Fire Sprinkler Certificate of Registration from the Texas Department of Insurance, State Fire Marshall’s Office
* Testing gauge calibration report within the last year
* Confined Space Training Certificate
* If purchasing test forms booklet, please include a $25.00 fee

I, the undersigned, hereby make application to test cross-connection backflow prevention devices in the City of Carrollton, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the City of Carrollton, Texas. I understand that falsification of any information submitted in the application shall be cause for termination of the cross-connection certification registration, and that this registration shall be renewed on an annual basis for a fee of seventy-five dollars ($75.00). |
|  |
| **Signature of Owner/Tester: Date:** | City Representative Signature: |
|  | Date: |
|  |
| * Check #:
 | * Money Order #:
 |
| * Credit Card Type:
 |  Receipt #: | Total Amount: $ |
| *Please note if paying with a credit card, a 2% convenience fee will be applied. By signing below you are authorizing your card to be charged for the total amount above.* |
| **Card Owner Signature:** | **Date:** |

**REGISTRATION FOR CROSS-CONNECTION TESTING**