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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**