



**REGISTRATION FOR CROSS-CONNECTION TESTING**

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:
<b>Carrollton Certified Tester #:</b>			
<b>Your Completed Application Must Be Submitted Along With Copies of:</b>			
<ul style="list-style-type: none"> <li>Current Certificate / License if you are a licensed plumber</li> <li>Current Certificate / License if you are a licensed lawn sprinkler contractor</li> <li>Current TCEQ BPAT renewable license with expiration date</li> <li>Current 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</li> <li>Current Testing gauge calibration report within the last year</li> <li>Confined Space Training Certificate</li> <li>Current Copy of Driver's License</li> <li>If purchasing test forms booklet, please include a \$25.00 fee</li> </ul>			
<p>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).</p>			
<b>Signature of Owner/Tester:</b>		<b>City Representative Signature:</b>	
<b>Date:</b>		<b>Date:</b>	
X		X	
Registration Circle One: New or Renewal		Credit Card Type:	
Check#:	MoneyOrder#:	Receipt #:	Total Amount: \$
Renewal (A new form is required every other year)		Credit Card Type:	
Check#:	MoneyOrder#:	Receipt #:	Total Amount: \$
<i>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.</i>			
<b>Card Owner Signature:</b>			<b>Date:</b>
<b>Administrative Use Only</b>			
<input type="checkbox"/> BSI Online		<input type="checkbox"/> Database Update	
<input type="checkbox"/> File Update			