



**BACKFLOW PREVENTION ASSEMBLY TESTER
APPLICATION FOR REGISTRATION**

(Please Print or Type)

TESTER COMPANY INFORMATION

Company Name _____

Address 1 _____

Address 2 _____

City/State/Zip _____

Contact Name _____

Phone _____ Fax _____

Insurance Co. _____

Policy No. _____ Exp. Date _____

Liability Amt. \$ _____ Hurst PW Certificate Holder

Agent Name _____

Agent Phone _____

TESTER/INSPECTOR/INSTALLER INFORMATION

Name (First,MI,Last) _____

TCEQ Lic. # _____ Exp. Date _____

Cert. Type (Gen/Fire/Irrig) _____

Phone _____ Fax _____

Cell _____ Email _____

Class Date _____ Instructor _____

TEST EQUIPMENT

Mfg. _____ Model _____

Serial No. _____

Calibration Date _____ Calibration Due _____

Calibrated By _____