FIRE BACKFLOW DEVICE TESTER
CONTRACTOR REGISTRATION APPLICATION

Please Print Clearly

Date: _____

You must attach an original letter from the Fire Sprinkler Contractor stating the individual seeking registration is under their employment. The letter must be on company letterhead, dated and signed with a current State Fire Marshall License specific to the Fire Sprinkler contractor. A TCEQ Backflow Preventer license, a current copy of your Texas Driver's License, and a copy of the calibration certification for the gauges that are being used. If multiple gauges are used please provide the calibration certificate for each gauge. Gauges will need to be brought into the office at the time of registration.

Fire Sprinkler Company Name: _____

Backflow Preventer License Holder Name: _____

Officer of the company is the President, Vice President or CEO. License Holder is the person who holds the Texas State Fire Backflow Preventer License. This person will be held responsible for seeing that all work being performed under this registration is completed and in compliance with the City codes and ordinances.

Email Address: _____

Address: _____City:_____State:_____Zip:_____

Office Number: _____Fax:_____Cell:_____

_____ _____

Original Signature of License Holder Printed name of License Holder

This form must be notarized if any other person is registering for you or if you are registering by mail. If registering by mail, you must include a self-addressed stamped envelope to receive a receipt of payment by return mail. Registration is valid from January 1 through December 31. REGISTRATION FEE IS $100.00 PER LICENSE BEING REGISTERED. NO RENEWAL NOTICE WILL BE SENT.

The State of Texas
County of_____§
BEFORE ME, the undersigned authority, on this day personally appeared _____known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

_____
Signature

_____
Title

Subscribed and sworn to before me, this_____day of_____20_____A.D. to certify which witness.

_____
Notary Public - Signature