



# Back-flow Prevention Device Testing Filing Fee



2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375

**FORM MUST BE FILLED OUT COMPLETELY**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

\_\_\_\_\_ Backflow filing fee(s) X \$20.00 = \$ \_\_\_\_\_ ( amount to be paid to cashier)

Tester's BPAT License #: \_\_\_\_\_

Tester's Name: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name of company you are employed by or name registered with State Comptroller's Office:** Company

Name: \_\_\_\_\_ Business

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I hereby affirm under the penalty of perjury that all of the acts, statements, and answers herein are true.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Backflow Assembly Tester

**OFFICE USE ONLY:**

Application Number: \_\_\_\_\_