

FIRELINE TESTERS REGISTRATION FORM



City of McKinney

Add your name to WEB Page
YES NO

Registration Information for a Backflow-Assembly Tester

Any Questions, Please Contact: Backflow Prevention Department at
972.547.7362 / 972.547.2636

Mailing: P.O. Box 517 McKinney, Texas 75070

Physical Location: 1550 S. College St. Bldg. "B", McKinney, Texas 75070

REGISTRATION IS BASED ON THE GAUGE CALIBRATION EXPIRATION DATE.
REGISTRATION FEE IS \$ 100.00 PAID AT THE UTILITY BILLING OFFICE , 210 N. TENNESSEE ST. MCKINNEY, TX.

This form MUST BE FILLED OUT COMPLETELY and RETURNED TO the BACKFLOW PREVENTION DEPARTMENT
prior to ANY TESTING of ASSEMBLIES

RECEIPT NO: _____ (CHECK ONE) NEW Registration _____ RENEWAL Registration _____

Name: _____
Print Last Name Print First Name Middle Initial (s)

Home Address: _____ (C),(H), Telephone: _____

City: _____ State: _____ Zip Code: _____ E-MAIL: _____

Present Employment:

Company(ies): _____ WORK NO: _____

Work Address: _____ FAX NO: _____

City: _____ State: _____ Zip Code: _____ WEB SITE: _____

Type of work performed by this Company: _____

Backflow Prevention Assembly Tester Certification Number: _____ Certificate Expiration Date: _____

In order for your registration to be ACTIVE, Please attach copy(ies) of the following documents and check the appropriate box(es):

1. Backflow Assembly Tester Certificate from TCEQ.

4. PROOF OF LIABILITY INSURANCE

2. Annual calibration sheet for ALL testing equip-

5. FIRE SPRINKLER CERTIFICATE (SCR)

3. Valid Drivers License No: _____

6. FIRELINE COMPANY LETTER HEAD

Exp Date: _____ STATE: _____

SHOWING FULL TIME EMPLOYMENT

Testing Equipment Information:

TEST GAUGE 1: Manufacture Name: _____ Equipment Model No: _____
Testing Equipment Serial Number: _____ Date Tested: _____ Owner of Gauge: _____

TEST GAUGE 2: Manufacture Name: _____ Equipment Model No: _____
Testing Equipment Serial Number: _____ Date Tested: _____ Owner of Gauge: _____

SIGNATURE of APPLICANT _____

DATE SIGNED _____