Austin Water Utility
3907 S. Industrial Drive
Austin, TX 78744
(512) 972-1060

Licensed Backflow Tester Registration

Tester **must** appear in person at address above for **initial** and license **renewal** registrations.
A copy of the backflow tester's BPAT license and photo identification must accompany this form.
Print or type

Name: _____ _____ _____
First Name Middle Initial Last Name

BPAT License number: _____ License Expiration Date: ___/____/___

Tester's Mailing Address: _____

Bldg: _____ Suite/Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: (_____) _____-_____ Cell Phone No: (____) _____-_____

FAX: (____) _____-_____ E-Mail: _____

Primary Employer Information

Employer: _____ Public Tester: Yes ☐ No ☐

Employer's Mailing Address: _____

Bldg: _____ Suite/Apartment: _____ Contact: _____

City: _____ State: _____ Zip Code: _____

Phone No: (___) ____-_____ Alternate Phone No: (___) ____-_____

FAX: (____) _____-_____ E-Mail: _____

I, the undersigned, certify that the above information is true and correct. I agree to promptly inform SSD if any of the information on this page changes in the future.

Signature: _____ Date: ___/___/____

SSD Specialist: _____ Date entered: ___/___/____