



**BACKFLOW PREVENTION ASSEMBLY TESTING
FORM A-COMPANY REGISTRATION**

PWS ID # 1260002

Public Works Department
Backflow Prevention Program
141 W. Renfro
Burleson, Texas 76028
Fax (817) 426-9377
backflow@burlesontx.com

- (1) All testers wishing to conduct backflow prevention assembly testing and maintenance within the City of Burleson must comply with Ordinance B-641 Article VI, Sections 7-90 through 7-125, Cross Connection Control Policy. The purpose of this article is the regulation of design, installation, and maintenance of cross connections. The ordinance also establishes the registration and responsibility requirements of testers and includes enforcement responses for non-compliance.
- (2) Before any backflow prevention assembly testing can take place, registration with the City of Burleson is required.
- (3) Registration is a two part process. The first part of registration is completion of this form (Form A-Company Registration) in its entirety by the company or firm that employs backflow prevention assembly testers.
- (4) The second part of registration is completion of Form B-Tester Registration for each tester.
- (5) Mail original signed reports to the address listed to the left. Fax or email of completed registration may be sent for immediate review, approval, and adding to City of Burleson's public active tester's list. However, original registration must be received within 10 business days or company and testers will be removed from list.

REGISTRATION TYPE
<input type="checkbox"/> New <input type="checkbox"/> Renewal

COMPANY INFORMATION

Check the corresponding box that you want information published on public active tester list. This list is given to anyone, such as irrigators, builders, etc. If you do not want any information on public list please check "Do not publish on public active tester list", however all information must be completed for administration purposes.

Do not publish on public active tester list

Section A

Company Legal Name _____

Company DBA Name _____
(must match as listed on insurance certificate)

Section B

Business Address _____
City, State Zip _____

Mailing Address _____
City, State Zip _____

Section C

Telephone No. (_____) _____ Ext. _____

Fax No. (_____) _____

Email _____

Website _____

COMMERCIAL LIABILITY INSURANCE INFORMATON (Copy of Certificate Required)

Producer Name _____

Producer's Telephone No. (_____) _____ Ext. _____

Expiration Date _____

TEXAS DEPARTMENT OF INSURANCE, STATE FIRE MARSHAL (Copy of Certificate Required)
(Required to test backflow assemblies on firelines. If you are not going to test firelines then check the N/A box)

N/A

Certification No. _____

Expiration Date _____

AUTHORIZED REPRESENTATIVE

Person Completing This Form _____
(print name) (signature)

Title _____ Date Form Completed _____