



## Public Works

285 Uptown Blvd. 2<sup>nd</sup> Fl. Bldg 100 Cedar Hill, TX 75104  
**Submit registration form and all documents listed below to**  
**backflow@cedarhilltx.com**

# Backflow Tester Registration Form

**Testers are required to input test results for existing backflow assemblies on BSI web site.  
[www.bsiprograms.com](http://www.bsiprograms.com)**

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

Company Name: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

Backflow License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### The following forms are required for registration to be completed:

Registration documents are required to be in color. When submitting via email please scan as attachments not photos.

- TCEQ Backflow License
- Driver's License (*must be current*)
- Confined Space Training
- Gauge Calibration Report (*must be current*)
- Proof of Insurance (*please show the City of Cedar Hill as the certificate holder*) *Registration with the City of Cedar Hill will expire one year from the date of payment.*

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in revocation of registration and/or civil penalties.

Printed Name: \_\_\_\_\_

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

**Submit completed form and all documents listed above to : [backflow@cedarhilltx.com](mailto:backflow@cedarhilltx.com)**  
All registration documentation will be submitted to BSI upon completion of payment. (all documents listed must be submitted)

**For Office Use:**

Registration Date: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Expiration date: \_\_\_\_\_