

***City of Boerne***  
***Backflow Prevention Tester Registration Form***  
A \$50.00 annual registration fee is required for each tester.

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

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

Certified Tester Number: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Test Gauge Used

Make/Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

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

Required Attachments

Proof of TCEQ Certification

Calibration Documentation

Registration Renewal Fee

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Office Use Only

COB Tester Number: \_\_\_\_\_  
Registration Paid: \_\_\_\_\_