

**CITY OF ODESSA UTILITIES DEPARTMENT
 CROSS CONNECTION PROGRAM
 BACKFLOW ASSEMBLY TESTER ANNUAL REGISTRATION APPLICATION**

Please complete one application for each tester to be registered.

Tester	Last Name	First Name	Middle Name
Home	Mailing Address	Telephone #	Zip Code
	City	Fax #	Pager #
Business	Name		
	Contact Person		
	Mailing Address	Telephone #	Zip Code
	City	Fax #	Pager #
<p>As a part of this Application, a photocopy of the following documentation must be submitted:</p> <ol style="list-style-type: none"> 1. TCEQ Backflow Prevention Assembly Tester Accreditation 2. Model and calibration data for each gauge in use <p>Documentation of backflow prevention assembly testing training attended in past year is requested.</p>			
<p>I certify that the information provided in association with this application is true and correct and the Backflow Prevention Assembly Accreditation from the TCEQ has not been revoked.</p>			
Tester Name (Printed)	Tester Signature	Date	
To Be Completed by City of Odessa Utilities Department			
Date	Application Status: ____ Approved ____ Rejected		
Comments:			
Contractor No.		Employee No.	