



BACKFLOW PREVENTION DEVICE TEST FILING FEE

Development Services Department

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FORM MUST BE FILLED OUT COMPLETELY

Date: _____

Property Address: _____

Property Owner: _____

_____ Backflow filing fee(s) X \$20.00 = \$ _____ (amt. to be paid to cashier)

Tester's BPAT License #: _____

Tester's Name: _____

Email: _____

City: _____ State: _____ Zip: _____

Name of company you are employed by or name registered with State Comptroller's Office:

Company Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Fax () _____

I hereby affirm under the penalty of perjury that all of the acts, statements, and answers herein are true.

Print Name

Signature of Backflow Assembly Tester

OFFICE USE ONLY:

Application Number: _____