



Certified Tester Registration Form

Date: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Tester Name: _____

Tester Address: _____

Tester Phone: _____

Plumbers or Irrigators License Number: _____

Please return the completed form along with a copy of your Tester Certification, Backflow Test Gauge Certificate of Calibration and Driver's License by mail or in person to:

**Building Inspection Division
City of Sulphur Springs
1313 N. Hillcrest
Sulphur Springs, TX 75482**