



4900 River Oaks Boulevard  River Oaks, Texas  76114

Backflow Tester Registration Form

Submit registration form and all documents listed below to

Permits@riveroakstx.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 River Oaks as the certificate holder*) *Registration with the City of River Oaks 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 : permits@riveroakstx.com

For Office Use:

Registration Date: _____ Method of Payment: _____ Expiration date: _____