



Backflow Tester Registration Form

Testers are required to input test results for existing backflow assemblies at: backflow.arlingtontx.gov (Test forms for new assemblies should be submitted to the City of Arlington.)

Name: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone Number: _____

Backflow License Number: _____ Expiration Date: _____

Gauge Calibration Expiration Date: _____

Fire Line Tester: Y N

Attach copies of or email the following forms to: backflowtestforms@arlingtontx.gov

TCEQ Backflow License
Driver's License
Gauge Calibration Report
Proof of Insurance

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.

Signature: _____ Date: _____