



BACKFLOW PREVENTION ASSEMBLY TESTER REGISTRATION

REGISTRANT INFORMATION

Full Name:		
State ID/Driver License #:	(Will be asked for copy)	
Home address:		
City:	State:	ZIP Code:
Cell Phone:	Email Address:	

COMPANY INFORMATION

Company Name:		
Company Address:		
City:	State:	Zip Code:
Phone:	Phone:	Fax:

LICENSE INFORMATION: (Will be asked to provide copy of license)

Full Name on License:		
BPAT License #:		
Expiration Date:		

CERTIFICATE OF CALIBRATION: (Will be asked to provide copy of certificate)

Name on Certificate:		
Gauge Model:	Gauge Serial #:	
Re-Certification Due Date:		

SIGNATURE OF REGISTRANT

Signature of Applicant:	Date:
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****IF YOU DO NOT LIST SOMEONE ADDITIONAL TO PULL PERMITS YOU WILL BE THE ONLY ONE ALLOWED TO PULL PERMITS!!!!****

All contractor registrations with the City of Cleveland expire on December 31 of the current calendar year. This registration form and all information on the form is only valid for the current calendar year.

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Please be sure a copy of the information listed below is attached to the registration form. Sign below verifying that all needed information is attached.

License Information:	Registrant's ID
Certificate Information:	
Signature:	Date: