



2024 Backflow Testing Company Application

Application Checklist

This registration is for companies testing backflow prevention assemblies within the City of Houston's jurisdiction. Poor-quality scans, pictures, and incomplete applications may delay the process.

Please submit the following items to our office:

- Company Information (pg. 2)
- Authorized Tester(s) List and Calibrated Gauge List (pg. 3)
- Personnel Acknowledgement (pg. 4)
- Affidavit of Backflow Prevention Assembly Manager Acknowledgement (pg. 5)
- Copy of driver's licenses for all personnel listed in this application.
- Copy of current TCEQ BPAT license for each tester listed in this application.
- Copy of current Gauge Calibration Report for each gauge listed
- Clear picture of the front of each gauge listed showing the serial number
- Copy of Liability Insurance – Certificate Holder: City of Houston 7101 Renwick Houston, TX 77081

Attach the required items listed above to your registration form at www.bftester.com/houstontx/. You will be contacted via email if there are any pending items or if your application has been approved.

Texas Administrative Code Chapter 30 Rule §290.44:

Backflow prevention assembly testers shall have completed an executive TCEQ director-approved course on cross-connection control and backflow prevention assembly testing, pass an examination administered by the TCEQ executive director, and hold a current license as a backflow prevention assembly tester. Gauges used in the testing of backflow prevention assemblies shall be tested for accuracy annually and a current calibration report of the gauge must be submitted to Houston Public Works Cross Connections Control Program. Testers are to include test gauge serial numbers on the Backflow Prevention Assembly Test and Maintenance Report. Backflow prevention assembly testers are qualified to test and repair assemblies on any domestic, commercial, industrial, or irrigation service. Test reports can only be completed by a certified backflow prevention assembly tester and must be submitted to the Houston Public Works Cross-Connection Control Program.



2024 Backflow Testing Company Application

Company Information

Business Name	Phone Number		Email
Physical Address	City	State	ZIP Code
Mailing Address	City	State	Zip Code
Owner/Manager Name	DL No	Phone Number	Email
Emergency Contact	Phone Number		

TCEQ Information

Owner/Manager BPAT License No:	BPAT Expiration Date:
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Firelines

Will your company test and repair assemblies on firelines?
If yes, is your company an Approved Fireline Contractor with TCEQ?

I, the undersigned, hereby understand the state and local rules and regulations regarding backflow prevention assembly testing and reporting. I declare to accept and abide by all pertinent ordinances and regulations in the City of Houston. I understand that falsification of any information submitted in this application will result in the forfeiture of my City of Houston Backflow Testing Company Application.

Signature of Owner/Manager: _____ Date: _____



Authorized Employee(s)/Tester(s) List

Full Name	Email	Date of Birth	Government Issued Photo ID No.	TCEQ BPAT License No:	TCEQ Irrigation License No:

Calibrated Gauge List

Assigned To	Make	Model	Serial Number	Calibration Exp Date



Testing Company Personnel Acknowledgement

As the manager and/or owner of the company, I acknowledge I will be responsible for all work and test reports submitted by the employee(s) listed below. I confirm that the employee(s) listed below, and I have read and understand the Houston Public Works Cross Connection Control Program policies and agree to fully conform to the provisions of the Backflow Testing Company/Tester Fact Sheet. In addition, we will comply with all City and State regulations.

We, the undersigned, hereby understand the state and local rules and regulations regarding backflow prevention assembly testing and reporting. We declare to accept and abide by all pertinent ordinances and regulations in the City of Houston.

Backflow Testing Company Name: _____

_____ (Manager/Owner listed in Company's Registration)

_____ (Manager/Owner Driver License)

_____ (Manager/Owner Signature)

_____ (Signed Date)

Employee Name	Government Issued Photo ID No.	Signed Date	Signature



Affidavit of Backflow Testing Company Owner/Manager Acknowledgement

The information submitted in this application is true, complete, and accurate. I understand that submitting an incomplete, inaccurate, or falsified City of Houston Backflow Testing Company application will result in the forfeiture of my company’s registration. I understand I am responsible for all backflow assembly test reports and work conducted under the backflow testing company name listed in this application, to pay associated submission fees, and to submit backflow prevention assembly test reports on time to Houston’s Cross Connection Control Program through the program’s software. I understand I am responsible to notify the City of Houston Cross Connection Program if there are any changes regarding this company application such as the removal of employees, addition of employees, change of ownership, or management.

I acknowledge the receipt that I have read and understand the Houston Public Works Cross Connection Control Program’s policies and agree to fully conform to the provisions of the Backflow Testing Company/Tester Fact Sheet. In addition, I will comply with all City and State ordinances and regulations.

Backflow Testing Company Name: _____

Responsible Person: _____

(Owner or Manager)

Affiant: _____

Signature of Responsible Person

Subscribe and sworn to before me affiant this _____ day of _____ 20_____

NOTARY PUBLIC in and for THE STATE OF _____

Ink notary stamps only. No embossed stamps

Notary Signature: _____

My Commission Expires: _____



Backflow Testing Company/Tester Fact Sheet

Houston Public Works (HPW) Cross-Connection Control Program (CCCP) ensures the quality of potable water is protected from any potential pollutants or contaminants. The CCCP ensures the City of Houston exercises its responsibility as a water purveyor to deliver safe drinking water to its customers. This task is accomplished by working to eliminate all cross-connections and/or requires the installation and maintenance of an approved backflow prevention assembly wherever a potential hazard is determined to exist. Anyone testing backflow prevention assemblies within the City of Houston's jurisdiction must first be registered through the TCEQ and Houston's CCCP. Houston Public Works requires all registered backflow prevention testers to adhere to this fact sheet. Failure to do so will revoke COH registration and test reports will not be recognized as completed reports.

Submission of Backflow Prevention Assembly Test and Maintenance Report

- Tester must upload their test results to Swift Comply and pay all required fees associated with the submission of the report within 2 business days of performing the backflow prevention assembly test. This includes backflow prevention assemblies that have not been previously registered.
- Testing companies and individuals MAY NOT withhold submission of the backflow test report due to customer pending payment. All test reports must be submitted to Swift Comply within 2 business days of conducting backflow prevention assemblies tests.

Insurance

- Company must email valid insurance to HPWCrossCon@houston.tx.gov. Your Swift Comply account will be inactivated if your insurance is expired.

Completion of Backflow Prevention Assembly Test and Maintenance Report

- Tester is responsible to confirm ALL DATA (make, model, size, serial number) on the test report for the assembly being tested.
- Tester must only complete and submit test reports for assemblies they have tested.
- The Backflow Prevention Test and Maintenance Report MUST be filled out accurately and submitted online to the City of Houston through Swift Comply. If the Backflow Prevention Test and Maintenance Report is not completed or fails to document details accurately, the report will be rejected for corrections and the tester will need to resubmit. Please note a location with a backflow prevention assembly will not be credited a test until the corrected report has been submitted and approved by the City of Houston. The location will be subject to fines and water service suspension until compliance is met.
- Tester must attach to the backflow assembly test report an image of the assembly plate capturing serial number and other backflow assembly information when requesting to update minor serial number discrepancies.
- If a backflow prevention assembly has been replaced, the serial number from the previous device must be noted next to Old Model/Serial # on the test report and the Replacement check box must be selected.
- For all inactive or removal requests of backflow prevention assemblies, the CCCP will conduct a follow-up visit to ensure it was removed/inactivated properly and there is no cross-connection potential. All information provided by the testers will be reviewed.
- CCCP will work with TCEQ and local authorities to address any discrepancies that may arise.
- Testers should only submit test reports for the City of Houston service areas. If you are not certain if a location is serviced by the City of Houston, ensure to verify with the customer which Public Water System provides service.

Testing Procedures

- Testers must conduct tests with valid test kits/gauges. Test reports notating non-registered equipment or without a current calibration will not be accepted. The backflow prevention assembly must be retested using a registered and calibrated gauge.
- When testing an assembly, the tester must ensure the backflow assembly is up to the manufacturer's recommendation.
- Any discrepancies must be listed in the comments/remarks section of the Backflow Prevention Assembly Test and Maintenance Report.



New Installations and Repairs

- Testers are required to submit a test report regardless if the assembly passed or failed to Swift Comply within 2 business days.
- Backflow prevention assemblies may only be installed by a licensed plumber in conformance with the City of Houston plumbing code. Backflow prevention assemblies may be repaired by a licensed TCEQ backflow prevention assembly tester using only parts recommended by the manufacturer.
- All newly installed, relocated, and repaired backflow preventers must be tested immediately upon installation or repair and noted in the comments section of the test reports.

Establishments/Customers

- Backflow testing companies and testers do not have the authority to represent the City of Houston. Backflow testing companies and testers do not deem a location to be in compliance or give enforcement. Compliance and enforcement lies solely with the City of Houston and its appointed officials.
- If the tester was unable to test a device, they are required to notify the customer.
- A customer becomes compliant once the test report is submitted by the backflow testing company into SwiftComply and associated submission fees have been paid.
- Testers must notify the customer immediately of any pending repairs or replacements of backflow prevention assemblies.

Enforcement

- Backflow Testing Companies who fail to comply with rules and regulations will result in the following offenses or enforcement action to be issued.

1 st Offense	Documented warning by a City of Houston Cross Connection Control Compliance Specialist and/or suspension of testing practices up to two weeks.
2 nd Offense	Written Warning and/or Suspension of testing privileges for up to thirty (30) days within the City of Houston, depending on the frequency and severity of the offense.
3 rd Offense	Revocation of testing privileges within the City of Houston and/or notifying TCEQ for further action.



Example of Insurance

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 6/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer: _____ CONTACT NAME: _____ PHONE: 0000000000 FAX: _____
 Producer's name and address: _____ EMP: 0000000000 (A/C, No): 0000000000
 License#: 188 IDLPROF-0 INSURER(S) AFFORDING COVERAGE NAIC #
 INSURER A: 0000
 INSURER B: 00000000
 INSURER C: 00000000
 INSURER D: 0
 INSURER E: _____
 INSURER F: _____

Insured: _____
 Insured name and Address: _____

COVERAGES CERTIFICATE NUMBER: 00000000000000000000 REVISION NUMBER: _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> <input type="checkbox"/> XLOC			00000000000000000000	6/27/2022	6/27/2022	<input type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 <input type="checkbox"/> PREM/SES (Ea Occurrence) \$ 500,000 <input type="checkbox"/> MED EXP (Any one person) \$ 10,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000 <input type="checkbox"/> PRODUCTS - COM/PROP AGG \$ 2,000,000 <input type="checkbox"/> \$ <input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						<input type="checkbox"/> EACH OCCURRENCE \$ <input type="checkbox"/> AGGREGATE \$ 2,000,000 <input type="checkbox"/> \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0						<input type="checkbox"/> \$ <input type="checkbox"/> \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N IF YES, describe under DESCRIPTION OF OPERATIONS below			N/A			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$

CERTIFICATE HOLDER: City of Houston, 7101 Renwick, Houston TX 77081

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: _____

EXAMPLE



Example Test Report Replacement



Cross Connection Control Program Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested.
A signed and dated original must be submitted to the public water supplier for recordkeeping purposes.

Name of PWS	PWS ID#	PWS Contact Person	PWS Mailing Address
Location Name		Address of Service	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Assembly Type	Manufacturer	Model	Size	Serial Number
Bypass Assembly Type	Bypass Assembly Make	Bypass Assembly Model	Bypass Size	Bypass Serial Number
Assembly Physical Location				Old Model/Serial #

Select if backflow is new, existing, or a replacement.

List the serial number of the devices that was replaced

Reason for test <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement	BIPA Serves:
Is the assembly installed in accordance with manufacturer recommendations? and/or local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Test Result	Check Valve #1	Check Valve #2***	Relief Valve	Bypass Valve	PVB/SVB
Pass					
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened Fully
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked	Air inlet opened _____ PSID
Date:					Check Held at _____ PSID

Repairs and Materials Used**	Main:	
	Bypass:	

Final Test	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> _____ PSID	Opened at _____ PSID	<input type="checkbox"/> _____ PSID	Air Inlet _____ PSID
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		<input type="checkbox"/> Closed Tight	CK Valve _____ PSID

Test Kit Manufacturer	Test Kit Model	Test Kit Serial Number	Test Kit Calibration Date
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Remarks

Include all pertinent information about the device in the remarks section.

Company Name		
Test Company Address		Company Phone #
Licensed Tester Name	BPAT License #	Tester License Expiration

The above is certified to be true at the time of testing.
*Test records must be kept for at least three years [30 TAC 290.46(B)]
**Use only manufacturer's replacement parts.
*** 2nd check: numeric reading required for DCVA only