



## 2025 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 approval process.

Please submit the following items to our office:

- Company Information (pg. 2)
- Authorized Tester(s)/Employee(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

Once you have gathered and completed the items listed above, please combine them into a single PDF file and email the file to [HPWCrossCon@houstontx.gov](mailto:HPWCrossCon@houstontx.gov). 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 lines. 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.



## 2025 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		

### Firelines

Will your company test and repair assemblies on firelines?
If yes, is your company an Approved Fireline Contractor with Texas Department of Insurance?

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: \_\_\_\_\_







**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 that I share a responsibility with the testers/employees listed on this application 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 Public Works Cross Connection Control Program through the program’s data management software. I understand I am responsible for notifying the Houston Public Works 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: \_\_\_\_\_

Printed Name of Owner or Manager: \_\_\_\_\_

Affiant: \_\_\_\_\_  
*Signature of Owner or Manager*

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@houstontx.gov](mailto:HPWCrossCon@houstontx.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

- Owner/manager and or employees who fail to comply with the rules and regulations will result in the following offenses or enforcement action to be issued.

1 <sup>st</sup> Offense	Documented warning by the Houston Public Works Cross Connection Control Compliance Specialist and/or suspension of testing practices for up to two weeks.
2 <sup>nd</sup> Offense	Written Warning and/or Suspension of testing privileges for up to thirty (30) days within the City of Houston's jurisdiction, depending on the frequency and severity of the offense.
3 <sup>rd</sup> Offense	Revocation of testing privileges within the City of Houston jurisdiction and/or notifying TCEQ for further enforcement 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: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Producer's name and address \_\_\_\_\_ PHONE (A/C, No, Ext): 0000000000 (A/C, No): 0000000000  
 \_\_\_\_\_ EMP/AL ADDRESS: 000000000000  
 License# 188 \_\_\_\_\_ IDLPROF-0 \_\_\_\_\_

Insured: \_\_\_\_\_ INSURER(S) AFFORDING COVERAGE NAIC #  
 Insured name and Address \_\_\_\_\_ INSURER A: 0000  
 \_\_\_\_\_ INSURER B: 00000000  
 \_\_\_\_\_ INSURER C: 00000000  
 \_\_\_\_\_ INSURER D: 0  
 \_\_\_\_\_ INSURER E: \_\_\_\_\_  
 \_\_\_\_\_ INSURER F: \_\_\_\_\_

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	EACH OCCURRENCE \$ 1,000,000 PREM/SES (Ea Occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ 2,000,000 \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE \$ AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A IF YES, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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	BIPA Serves:
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement	
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
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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