



Backflow Prevention Assembly Tester (BPAT) Licensing Program Application Supplement

MC 178, PO Box 13088, Austin, TX 78711-3088

Phone: (512) 239-6133 Fax: (512) 239-6272 Website: www.tceq.texas.gov/licensing

Name: _____ Date: _____ SSN (Last 4 digits): _____

List each time your job duties/title changed (even if you are with the same employer) as a separate employer. Additional pages may be necessary.

Current Employer: _____ Job Title: _____

Your dates of duties marked below (MM/DD/YYYY): From: _____ To: _____

Employer's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Check **ALL** job duties performed under your current employer. In some cases, a license or supervision by a licensed person is required. Please include the appropriate license information where needed.

Previously held a BPAT license?

License #: _____ Expiration Date: _____

Test RPBA – DCVA – PVA – SVB Backflow Prevention Assembly

Licensed Public Water System (PWS) Operator?

License #: _____ Expiration Date: _____

PWS Name(s): _____ PWS ID Number(s): _____

- Disinfection & pressure adjustments associated with installing/repairing hydrants/meters/lines/taps
- Inspect distribution system connections/identify & correct cross-connections & backflow hazards in the PWS
- Adjust & maintain PWS disinfection system equipment & other chemical feed equipment
- Investigate & make PWS adjustments to resolve water quality concerns & pressure problems
- Operate or maintain a potable groundwater production system/groundwater well
- Operate or maintain a potable surface water or GUI treatment plant

Licensed Wastewater Treatment Facility Operator?

License #: _____ Expiration Date: _____

Wastewater System Name(s): _____

- Operate or maintain a permitted domestic wastewater treatment facility
- Identify & correct cross-connections/use airgaps to prevent wastewater backflow
- Other job duties related to the profession performed in the treatment facility: _____

Installing or repairing residential, commercial, or industrial drinking water treatment equipment (such as water softeners, reverse osmosis or other filtration systems)?

Licensed WTS? Yes No License #: _____ Exp Date: _____

Licensed Plumber? Yes No License#: _____ Issued Date: _____ Exp Date: _____

If you do not have a Water Treatment Specialist (WTS) or Plumbing License, please provide the supervising WTS or Plumber's License information:

Name: _____ License #: _____ Phone #: _____

Continue on other side.....

Installing or repairing lawn irrigation systems

Licensed Irrigator or Technician: License #: _____ Expiration Date: _____

Licensed Master Plumber: License #: _____ Original Issue Date: _____ Expiration Date: _____

If you do not have an Irrigator, Irrigation Technician or Master Plumber License, please provide the supervising Licensed Irrigator or Responsible Master Plumber's License information:

Name: _____ License #: _____ Phone #: _____

Licensed Master/Journeyman Plumber?

License Type and #: _____ Original Issue Date: _____ Expiration Date: _____

Other Plumbing License/Apprentice Registration?

License or Registration Type and #: _____

Original Issue Date: _____ Expiration Date: _____

Supervising Responsible Master Plumber's Name & License#: _____

Original Issue Date: _____ Expiration Date: _____ Phone #: _____

Select duties you performed requiring a journeyman or master plumber license while under supervision:

- installing, changing, repairing, servicing, or renovating plumbing
- performing the design, planning and superintending of plumbing
- other _____

Installing or servicing fire suppression sprinkler systems and lines

Company Name: _____ Company SCR#: _____

Licensed RME? Yes No License#: _____ Issued Date: _____ Exp Date: _____

If you do not have a RME License, please provide the supervising RME's License information:

Name: _____ License #: _____ Phone #: _____

Performing health inspections requiring a Registered Sanitarian

Registered Sanitarian License #: _____ Issued Date: _____ Expiration Date: _____

Other Job Duties - Please describe how it relates to the profession: _____

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code §30.33 or revocation of my license pursuant to Tex. Water Code §7.303.

Entering your name in the Signature box constitutes an electronic signature and is legally equivalent to your written signature.

Signature: _____

Date: _____

FOR TCEQ USE ONLY

Training:

Total hours _____

Experience:

BPAT _____

Related _____

HS/GED BS MS

BPAT

Fee Paid

Military

Please do not write in this area



Backflow Prevention Assembly Tester (BPAT) Licensing Program Application Supplement Previous Employment Section

Name: _____ Date: _____ SSN (Last 4 digits): _____

Previous Employer: _____ Job Title: _____

Your dates of duties marked below (MM/DD/YYYY): From: _____ To: _____

Employer's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Check **ALL** job duties performed under your previous employer. In some cases, a license or supervision by a licensed person is required. Please include the appropriate license information where needed.

Previously held a BPAT license?

License #: _____ Expiration Date: _____

Test RPBA – DCVA – PVA – SVB Backflow Prevention Assembly

Licensed Public Water System (PWS) Operator?

License #: _____ Expiration Date: _____ PWS Name(s): _____

PWS ID Number(s): _____

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Inspect distribution system connections/identify & correct cross-connections & backflow hazards in the PWS

Adjust & maintain PWS disinfection system equipment & other chemical feed equipment

Investigate & make PWS adjustments to resolve water quality concerns & pressure problems

Operate or maintain a potable groundwater production system/groundwater well

Operate or maintain a potable surface water or GUI treatment plant

Licensed Wastewater Treatment Facility Operator?

License #: _____ Expiration Date: _____

Wastewater System Name(s): _____

Operate or maintain a permitted domestic wastewater treatment facility

Identify & correct cross-connections/use airgaps to prevent wastewater backflow

Other job duties related to the profession performed in the treatment facility: _____

Installing or repairing residential, commercial, or industrial drinking water treatment equipment (such as water softeners, reverse osmosis or other filtration systems)?

Licensed WTS? Yes No License#: _____ Exp Date: _____

Licensed Plumber? Yes No License#: _____ Issued Date: _____ Exp Date: _____

If you do not have a Water Treatment Specialist (WTS) or Plumbing License, please provide the supervising WTS or Plumber's License information:

Name: _____ License #: _____ Phone #: _____

Continue on other side.....

Installing or repairing lawn irrigation systems

Licensed Irrigator or Technician: License #: _____ Expiration Date: _____

Licensed Master Plumber: License #: _____ Original Issue Date: _____ Expiration Date: _____

If you do not have an Irrigator, Irrigation Technician or Master Plumber License, please provide the supervising Licensed Irrigator or Responsible Master Plumber's License information:

Name: _____ License #: _____ Phone #: _____

Licensed Master/Journeyman Plumber?

License Type and #: _____ Original Issue Date: _____ Expiration Date: _____

Other Plumbing License/Apprentice Registration?

License or Registration Type and #: _____

Original Issue Date: _____ Expiration Date: _____

Supervising Responsible Master Plumber's Name & License#: _____

Original Issue Date: _____ Expiration Date: _____ Phone #: _____

Select duties you performed requiring a journeyman or master plumber license while under supervision:

installing, changing, repairing, servicing, or renovating plumbing

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other _____

Installing or servicing fire suppression sprinkler systems and lines

Company Name: _____ Company SCR#: _____

Licensed RME? Yes No License #: _____ Issued Date: _____ Exp Date: _____

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Performing health inspections requiring a Registered Sanitarian

Registered Sanitarian License #: _____ Issued Date: _____ Expiration Date: _____

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Entering your name in the Signature box constitutes an electronic signature and is legally equivalent to your written signature.

Signature: _____

Date: _____