City of Galveston

Public Works Department
P.O. Box 779 / Galveston, Texas 77553

BACKFLOW TECHNICIAN REGISTRATION APPLICATION

$50.00 annual nonrefundable registration fee

Technician Information:

Name: _____
Last First MI
Certification # : _____ Expiration Date : _____
Mailing Address_____
City:_____ State:_____ Zip Code:_____
Home Phone # :(____)_____ Cell # : (_____)_____

Employer Information:

Employer: _____
Mailing Address: _____
City:_____ State: _____Zip Code:_____
Work Phone # :(___)_____WORK Cell # :(___)_____
FAX # : (___)_____E-Mail_____

DO YOU WANT YOUR NAME ON THE LIST PROVIDED TO THE GENERAL PUBLIC ? YES ( ) NO ( )

I, the undersigned, certify that the above information is true and correct.

Signature _____ **Date** _____