



**KENNEDALE**

www.cityofkennedale.com

Registration Form for  
Backflow Testing in the City of Kennedale

Name:

Company Name:

Mailing Address:

City, State Zip

E-Mail Address:

Phone Number:

Backflow License Number:

Backflow License Expiration Date:

Gage Calibration Expiration Date:

**Fireline Tester? Y / N**

**Attach copies of:**

TCEQ Backflow License

Drivers License

Gauge Calibration Report

Proof of Insurance

Tester Name:

Date: