

## BACKFLOW PREVENTION ASSEMBLY TESTER APPLICATION FOR SAWS BPAT ONLINE ACCESS

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|--|---|
| 1. Name of BPAT, (First, M., Last)                       | 3. E-mail Address where T&Ms will be sent to: |
| 2. Mailing Address                                       | 4. Telephone Number                           |
|  | 5. BPAT License Number                        |
| City                      State                      Zip | 6. BPAT License Expiration Date:              |

I, the undersigned, submit this application for access to San Antonio Water System (SAWS) BPAT Online Access website in order to submit Backflow Prevention Assembly Test results.

I understand and agree that:

1. I will use the SAWS BPAT Online system to submit information concerning Backflow Prevention Assembly Test services that I have personally performed for the clients identified in the Backflow Prevention Test and Maintenance Report Forms.
2. I will receive an access code (the "Access Code") via e-mail at the e-mail address I have provided above that will allow me to access the SAWS BPAT Online System.
3. I am solely responsible for all information contained in this application, any Backflow Prevention Test and Maintenance Report Form submitted through the SAWS BPAT Online system, and all actions accomplished with my Access Code.
4. My Access Code is to be used only by me and must be kept confidential. I will change my Access Code immediately should it become compromised.
5. If I no longer need access to the SAWS BPAT Online system, I will forward an e-mail to [bpatgauges@saws.org](mailto:bpatgauges@saws.org) to deactivate my account.
6. Failure to follow these policies and procedures may result in loss of access to the SAWS BPAT Online system at the sole discretion of the San Antonio Water System.

**You agree to use an electronic signature in lieu of a paper-based signature.** You understand that electronic signatures are legally binding to the same extent as paper-based signatures. You further agree not to electronically sign any form without first reading it and ensuring that you have accurately filled out the form.

\_\_\_\_\_  
BPAT Tester Applicant Signature

\_\_\_\_\_  
Date

For questions concerning this form, send an e-mail to [bpatgauges@saws.org](mailto:bpatgauges@saws.org) or via phone at (210)233-3512