

BACKFLOW PREVENTION INSTITUTE®  
TRAINING



Certification  
**APPLICATION**

Backflow Prevention Assembly Tester Certification



**IAPMO Backflow Prevention Institute®**  
**Registration Office**  
9500 Bormet Drive, Suite 201  
Mokena, IL 60448





# CERTIFICATION APPLICATION

## Backflow Prevention Assembly Tester Certification

The backflow prevention training provides the student with the necessary training to become a certified tester by the American Society of Sanitary Engineering (ASSE). The prerequisite for this training is five years of industry-related experience.

Correspondence should be mailed to:

Home address or  Employer

In order to comply with the ASSE series 5000 experience requirement, please provide the following:

Any current tester certification (issuer, such as ASSE, ABC, ABPA or government agency/certification number and expiration date.

Any professional license (plumber: journeyman/master/ waterworks operator/engineer, issuer, license number and expiration date.)

List 5 years of industry-related experience, including employer, title, and length of employment.

Any current backflow preventer tester certification must be photocopied and attached to this certification application.

### Student's name

First: \_\_\_\_\_ MI: \_\_\_\_\_

Last: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Employer Information

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ How long? (yr/mo) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Application Certification

*The information provided on this application is correct to the best of my knowledge. I understand that the examination for this certification and all course-related materials are published in English.*

*I will be responsible for other needed materials, such as notepaper, pen and a calculator.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Special Accommodations

*IAPMO is committed to providing reasonable accommodations to test candidates and seminar participants who have documented disabilities recognized under the Americans with Disabilities Act (ADA). All requests for accommodations will be evaluated in accordance with IAPMO's documented administrative procedure and criteria. The application form and guidelines can be obtained at <http://www.iapmo.org/Pages/AttendanOpenEnrollmentCourse.aspx> or by calling 708-995-3005*

### Payment Information

The tuition and examination fee is \$635.00. This amount must be made payable to and received by IAPMO two weeks prior to the course date selected.

Class date:

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Payment may be made by check, money order or credit card.

- Check or money order enclosed.
- Credit card information provided below:

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on the credit card:

\_\_\_\_\_

Card's billing zip:

\_\_\_\_\_



## IAPMO Backflow Prevention Institute® Registration

Mail this application, supporting documentation and payment to:

**IAPMO Backflow Prevention Certification Training**  
9500 Bormet Drive, Suite 201  
Mokena, IL 60448

or

Fax the application and supporting documents to: 708.479.6023

If you have any question regarding this program, please call: **1.877.IAPMO.01 Ext. 3090** (1.877.427.6601) ext. 3090

Outside the United States call: **+1.708.995.3000**