

BACKFLOW PREVENTION INSTITUTE®
TRAINING



Re-Certification
APPLICATION

Backflow Prevention Assembly Tester Re-Certification



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





RE-CERTIFICATION APPLICATION

Backflow Prevention Assembly Tester Re-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.

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: _____

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 re-certification application.

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 \$220.00. 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**