

BACKFLOW PREVENTION INSTITUTE®  
TRAINING



# Certification **APPLICATION**

Backflow Prevention Assembly Repair Certification



IAPMO Backflow Prevention Institute®  
Registration Office  
18927 Hickory Creek Drive,  
Mokena, IL 60448





# CERTIFICATION APPLICATION

## Backflow Prevention Assembly Test 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 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 \$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:
  - Visa       Master Card       Amex

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

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

Name as it appears on the credit card:

\_\_\_\_\_

Card's billing address if not from student

\_\_\_\_\_



## IAPMO Backflow Prevention Institute® Registration

Mail this application, supporting documentation and payment to:

**IAPMO Backflow Prevention Certification Training**  
18927 Hickory Creek Drive,  
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**