



American Backflow Prevention Association Backflow Prevention Assembly Tester Certification Program



INSTRUCTIONS TO TESTER APPLICANT

1. Read all questions before completing the application. An incomplete or improperly prepared form will be returned. Questions not applicable mark N/A, all others should be answered as completely as possible to allow the Administrator to make an accurate evaluation of your credentials.

2. Please type or print to ensure your application is legible.

3. Every application must be accompanied with a non-refundable payment. Please make the \$85.00 (effective 1-1-08) check, money order, or credit card (MC, V,

Discover, American Express - see below) payable to: A.B.P.A.

4. Upon completion, mail the completed application and payment to the address on this form or if paying by credit card you may FAX to: (979) 846-7607.

5. Applicants who submit satisfactory evidence of experience or education will be notified regarding the time and location of the examinations.

6. Refer to ABPA Backflow Prevention Assembly Tester Rules for appeals procedure.

7. Special Request for taking examination: Should you have a disability that restricts your ability to take an exam under standard conditions, you may request special testing arrangements. Your request must accompany your application.

Should you have any questions contact the A.B.P.A Tester Certification Administrator at: 877-ABPA-127 (877-227-2127) or certification@abpa.org

*Information & Rules also available
at
www.abpa.org*

**American Backflow Prevention Association Tester Certification Program
P.O. Box 3051, Bryan, TX 77805-3051**

Mr. Mrs. Miss Ms. _____
CIRCLE PLEASE PRINT YOUR FULL NAME AS YOU WISH IT TO APPEAR ON THE CERTIFICATE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

EMAIL _____ FAX () _____

Official Use Only	
Exam Date:	_____
Written Score:	_____ %
Performance Score:	P / F
Certificate No.	__ - _____
Issuance Date	__ / __ / __
Paid CK#	_____ Bank# _____
CC:	MC V DIS AMEX

Preferred Test Date & Location per the ABPA website

Test Date _____ & Test Location _____

PRESENT EMPLOYMENT

EMPLOYER _____

ADDRESS _____

JOB TITLE _____ LENGTH OF EMPLOYMENT _____

BRIEFLY STATE YOUR NORMAL DUTIES _____

<p>Check One: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Credit Card # _____ Expiration Date _____</p> <p>Name as it Appears on Card _____</p> <p>If you require credit card payment verification, please provide your FAX (_____) _____ - _____</p>
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EDUCATION

List below the name of the school, City and state in which you attended	Years Attended	Date Graduated	Subjects studied Or Degree Earned
High School			
College			
Trade, Business Correspondence			

I currently hold a Backflow Prevention Assembly Tester Certification issued by:

Certifying Authority _____ Certificate # _____ Date Issued __/__/__

Certifying Authority Phone No. (____) ____ - _____ Contact Person _____

Training in Backflow/Cross-connection control or related subjects: _____

Are you presently enrolled in a Backflow Prevention Assembly Tester training course? Yes No

If Yes, where? _____ Course Title _____

Location _____ Instructor's Name _____

Summarize any additional experience you have which qualifies you for certification _____

I have carefully read and understand the application instructions and RULES governing the American Backflow Prevention Association's Certification of Backflow Prevention Assembly Testers. I understand the following:

- *Tester Application Fee is \$85 (effective 1-1-08), and is non-refundable*
- *My name may be included on a list of certified Testers published by the ABPA, unless I check this box → Do not publish my name*
- *I may request a photocopy of the ABPA non-illustrated Field Test Procedures by checking this box → Please mail me a copy*
- *It may be the judgment of the Administrator that my qualifications are insufficient for the certification applied for.*

In any event, ABPA liability will be limited to the application fee. I certify that the above information given by me is true.

Applicant Signature _____ Date _____