



# 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 all 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 ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

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

**Preferred Test Date & Location per the ABPA website**

Test Date \_\_\_\_\_ & Test Location \_\_\_\_\_

### PRESENT EMPLOYMENT

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 copy of the ABPA non-illustrated Field Test Procedures by checking this box →*
- *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 \_\_\_\_\_