Applications Information

First ____________________________ M _____ Type of current certification ___ ASSE / ABPA

Last_________________________________________ expression date _____________________________

Home Address: __________________________________________ current certification #

City: _________________________________ State: _______ Zip,________

Phone: _______________________________ Cell: ______________________

☐ I acknowledge that I meet the prerequisite for this Certification Class

**Backflow Prevention Assembly Testers:**

Please list Experience:

A minimum of five years of experience in the plumbing field _________________________________

**Backflow Prevention Assembly Repairer:**

Applicant must hold a current Tester Certification ____________________________________________

**Cross-Connection Control Surveyor:**

Must hold a current Testers Certification _____________________________________________________

Please note dates for the class you want to attend

Class Location: ____________________________________________________

Registration fee: $__________________________ As of two weeks before the class, no refunds will be issued

Class Date: ____________________________________________________ the information provided on this application is correct to the best of my knowledge.

Class Type: ________________________________________________ I understand that the examination for this certification and all items used and spoken in this class will be in English

Signature: __________________________________ Date: _____________________________

**Payment Information** Please circle

Visa Master card American Express preferred method Check or money order enclosed

Card Number ____________________________ Expiration Date _________________ Security Code____________________

Name as it appears on credit card: _________________________________

Signature: ____________________________________________________________

Card Billing Address (if different from student address) _________________________________

Payment due before the start of classes

For more information or questions contact us at: Backflow Education Group LLC; PO Box 7203; Pueblo West, CO 81007

Phone: 719-251-1015 Fax: 719-647-8939 Email: backfloweducationgroup@gmail.com