

Backflow Prevention Assembly Tester Continuing Education Approval Application

Iowa Department of Public Health
321 E 12th Street
Des Moines, Iowa 50319-0075

Course Sponsor	Course Date
Contact Person	Course Location (Street Address and City)
Address	Training Hours
City State Zip Code	Official Use Only Date Received
Telephone E-mail Address	Fee Submitted
Lead Instructor	Course Number

*Application for course approval must be made at least 15 days before the training is scheduled. **An agenda with the subjects covered and the training schedule must be submitted with the application.** A \$50 fee must be included with the application.*

588-2830

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