



Backflow Prevention Assembly Tester Registration Application

Iowa Department of Public Health
 Division of Environmental Health, Bureau of Environmental Services
 321 E 12th Street, Des Moines, Iowa 50319-0075
 (515) 281-3548

Type of Application (check one): INITIAL RENEWAL

All items indicated by an * must be completed or your application will be returned.

Last Name*		First Name*		Middle Initial*	Registration # (renewal only)*
Home Address* (Street, Apartment #, PO Box)				Business Name	
City*	State*	Zip Code*		Business Address	
Home Telephone*			Business City	State	Zip Code
Social Security Number ¹ *			Business Telephone		

¹ Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Have current ABPA or ASSE Certification² Have current tester credentials issued by another state³

² Attach a copy of your ABPA or ASSE certification card/certificate with this application.

³ If you have credentials as a backflow assembly tester issued from another state, please contact the department before submitting this application to receive further instructions.

<u>Course Information⁴</u>		
Course Date(s)*	Course Location*	Course #*
Course Sponsor*		

⁴ You must include a copy of your course completion certificate. If the class was taken out of state and has not been approved by the department, please contact us before submitting this application for further instruction.

- For initial registrations, refer to the table on the back of this form for the correct fee due. This is a nonrefundable fee. Initial registration must be made within 12 months after date of course completion.
- For renewals, the fee is \$72. Renewal applications received after October 1st must include a \$10 penalty per month or fraction thereof to a maximum penalty of \$50. This is a nonrefundable fee. If registration has lapsed for more that 24 months, please contact the department.
- Fees shall be payable by check or money order to the Iowa Department of Public Health and sent to the address shown at the top of this form. Payment by credit card is not accepted.
- Registration will expire on October 31st of odd numbered years.

BE SURE TO ANSWERS THE QUESTIONS LOCATED ON PAGE 2 OF THIS FORM OR THE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED.

<u>For Official Use Only</u>	
Application Received	Registration Issued
Fee received	Registration # (for initial apps)

The following questions must be answered or your application will be returned:

If you answer “Yes” to any of the questions below then you must:

- (1) attach a signed letter of explanation providing the details of the incident,
- (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and
- (3) attach a copy of all official court documents regarding your conviction, including charging orders, final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record.

Printouts from the “Iowa Courts Online” website are not acceptable documentation. At the discretion of the bureau, additional supporting information may be requested.

Please note: If this application is for renewal than only incidents that have occurred since your last renewal or initial registration need to be reflected in your answers below and in the documentation required to be provided, i.e.: if it was reported on your last application then it does not need to be reported again.

Place an “X” in the appropriate box

Have you ever been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you engaged in illegal or improper use of drugs or other chemical mood altering substances within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any state or other governmental jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked or disciplined a professional license or certification issued to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information I have provided in this document, including any attachments, is true and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or revocation of certification and criminal prosecution. I agree to comply with the certification requirements, work practice standards, and all other provisions of Iowa Administrative Code 641—Chapter 26.

Applicant Signature _____ **Date** _____

Initial Registration Fee Table

Registration Month	Even Year		Odd Year	
	Fee	Registration Expiration	Fee	Registration Expiration
January - February	\$66	October 31 + one year	\$30	October 31
March - April	\$60	October 31 + one year	\$24	October 31
May - June	\$54	October 31 + one year	\$18	October 31
July - August	\$48	October 31 + one year	\$84	October 31 + two years
September - October	\$42	October 31 + one year	\$78	October 31 + two years
November - December	\$36	October 31	\$72	October 31 + one year