



Backflow Prevention Assembly Tester Initial 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

- Initial registration must be made within 12 months after date of training course completion.
- Refer to the table on the back of this form for the correct registration fee due. This is a nonrefundable fee.
- Fees must be paid by check or money order made out 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 expires on October 31st of odd numbered years.
- All items indicated by an * must be completed or your application will be returned.

Last Name*		First Name*		Middle Initial*	
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		Date of Birth*		Business Telephone	

¹ Privacy Act Notice: Disclosure of your Social Security Number on this registration 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.

The following may be used in place of completing an Iowa approved 32-hour training course for initial registration:

- Current national American Backflow Prevention Assoc. (ABPA) or American Society of Sanitary Engineers (ASSE) Certification²
- Current tester credentials issued by another state³

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

³ If you would like to use credentials as a backflow assembly tester issued from another state to qualify for an Iowa registration, please contact the department before submitting this application to receive further instructions.

<u>Course Information</u> ⁴		
Course Date(s)*	Course Location*	Course #*
Course Sponsor*		

⁴ Provide a copy of your course completion certificate to this application. **NOTE:** If the class was taken out of state and has not been approved by the department, please contact the department before submitting this application.

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

For Official Use Only			
Date Application Received:	Fee Amount Received:	Registration #:	Date Registration Issued:

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,
- (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.

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

(Only to be used for New registrants not for renewals)

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