



**Backflow Prevention Assembly Tester Registration Program
2013 - 2015 Renewal Application**

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

- Your registration will expire on October 31, 2013. Registration renewal is due by October 1, 2013.
- The registration renewal fee is \$72, this is a nonrefundable fee.
- Renewal applications received after October 1, 2013 must include a \$10 penalty per month or fraction thereof to a maximum penalty of \$50. See late fee table on page 2. If your registration has lapsed for more than 24 months, please contact the department.
- 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.
- All items indicated by an * must be completed or your application will be returned.

Last Name*		First Name*		Middle Initial*	Registration #
Home Address* (Street, Apartment #, PO Box)				Business Name	
City*	State*	Zip Code*		Business Address	
Home Telephone*				Business City	State Zip Code
Last 4 Digits of 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 backflow assembly 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 backflow assembly tester credentials 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 with this application. If the class was taken out of state and has not been approved by the department, please contact the department before submitting this application for further instructions.

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:	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, 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: 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** _____

LATE FEE TABLE			
Received after:	Renewal Fee	Late Fee	Total Due
October 1, 2013	\$72	\$10	\$82
October 31, 2013	\$72	\$20	\$92
November 30, 2013	\$72	\$30	\$102
December 31, 2013	\$72	\$40	\$112
January 31, 2014 to October 31, 2015	\$72	\$50	\$122

Please contact the department if your registration has lapse for more than 24 months (applying for renewal after October 31, 2015)