



Registration Application

IAPMO Backflow Prevention Institute classes provide the student with the necessary preparation for the American Society of Sanitary Engineering (ASSE) certification examinations.

Student Information

First: _____ MI: _____
Last: _____
Home address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
E-mail address: _____

I acknowledge that I meet the prerequisite for this Certification class.

Employer Information

Company: _____
Position/Title: _____ How long? (yr/mo): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail address: _____

Certification Prerequisites

Backflow Prevention Assembly Tester:
A minimum of five years of industry-related experience
Backflow Prevention Assembly Repairer:
Must hold a current Tester Certification
Cross-Connection Control Surveyor:
Must hold a current Tester Certification

Please list current certification(s) and/or experience:

Class Information

Class location: _____
Class date: _____
Class V] ^: _____

Registration fee: \$ _____

The information provided on this application is correct to the best of my knowledge. I understand that the examination for this certification and all course-related materials are published in English. No refunds issued 2 weeks before a class.

Signature: _____ Date: _____

Payment Information

Visa MasterCard American Express Check or money order is enclosed

Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it appears on credit card: _____

Signature: _____

Card billing address (if different from student address): _____

For more information or for questions about the prerequisites for each certification, contact:

IAPMO Backflow Prevention Institute

Registration Office

2995 Roast Duck Lane ▪ Johns Island, SC 29455

855-536-2800 (toll free) ▪ 909-354-3647 (fax) ▪ kim.curtis@iapmo.org