

Form EW-75 (May 2012)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301

www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only

Date Received: ____/____/____

Staff Lead: _____

☐ Not a complete submission & returned

Request for Backflow Prevention Assembly Tester Certification

Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.

Application Date (mm/dd/yy): ____/____/____ Date of Birth (mm/dd/yy): ____/____/____
First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Is this a new address? ☐ Yes ☐ No

Note: This is the address C&T will use to mail all your certification correspondence.

If your home address changes, you are responsible for notifying C&T.

Email: _____ WVOP# if applicable: _____

Have you ever had a backflow related certification suspended or revoked in any other state?

☐ Yes ☐ No

Business Address: _____ City: _____

State _____ Zip: _____ Business Phone: _____ County: _____

Note: This is the address C&T will display on the website of currently certified BPAITs for the public to contact.

If you are not interested in being contacted for certified BPAIT work, note NA for your business address.

If applying for initial certification in WV:

1. Are you 18 years of age or older? ☐ Yes ☐ No *Attach copy of drivers license or birth certificate.
2. Do you have a ☐ High school diploma or ☐ GED? *Attach copy of certificate. If neither, stop here.
3. Have you completed and passed all parts of an approved course of instruction? ☐ Yes ☐ No
*Attach copy of course completion certificate.
4. Have you passed a two part examination with at least a 70%?

Written Part: _____ Yes, _____ No

Performance Part: _____ Yes, _____ No

If applying for renewal of current WV certification:

Certification Expiration Date (mm/dd/yy): ____/____/____

☐ Attach a copy of your completion certificate from an approved refresher course (8 hrs or more).

Or

☐ Attach copies of 15 tests completed under your current WV BPAIT certification.

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR25 *Certification of Backflow Prevention Assembly Testers*.

Signature: _____ Date: _____

All C&T applications are processed in order of receipt. If you do not hear from the C&T program shortly thereafter, contact Mary Lowe at (304) 356-4335 or Nathan Nelson at (304) 356-4266 to confirm status.