[**CLICK HERE TO APPLY ONLINE**](https://form.jotform.com/OTCO2020/2021-backflow-extension-application)

**2021 OTCO BACKFLOW**

**EXTENSION APPLICATION**



In order for you to extend your current certification until 6/30/2022 the following steps must be met:

1. You must register and pay for a Backflow Refresher Extension.
2. After registering you must read and complete the material that will be forwarded to you. This material includes the 2015 Ohio EPA Backflow Prevention and Cross-Connection Control Manual – Fourth Edition. The manual will be mailed out to you via USPS.
3. Complete a 200 question test taken by you that pertains to the material in the 2015 Ohio EPA Backflow Prevention and Cross-Connection Control Manual – Fourth Edition with a grade of 70% or higher to fulfill the written portion of your 2021 certification. ***NOTE: You will have 2 tries to pass the test. If you fail the test twice you will have to pay a $40 fee to retake the test.***
4. In order to receive your 2021/2022 certificate you must pass both the theory and hands-on portion of the Backflow Refresher Course completed prior to 6/30/2022 as scheduled by OTCO.
5. **This does not extend your Ohio DOC Certification.** If you have questions about your Ohio DOC Renewal please contact Lona Amorgianos at (614) 752-1379.

The Refresher Course fee for OTCO Certification only is $240 Refresher Course Fee

8.0 Contact Hours (OTCO-B13391-OM) OEPA Backflow Prevention and Cross-Connection Control 2015

 (INTERNET).

8.0 Contact Hours (OEPA-B464-OM) Backflow Prevention Classroom Refresher Training.

16.0 Total Contact Hours Awarded

**Any questions please contact:**

Gary Espenschied RaShawn Truss

gary@otco.org or rashawn@otco.org

(513) 284-9363 (937) 244-8149

[ ]  Yes, I would like the information on extending my

 Backflow License $240

|  |
| --- |
| OTCO STUDENT ID #       |
| OHIO EPA CORE I.D. #       |
| FIRST NAME       |
| LAST NAME       |
| TITLE       |
| EMPLOYER       |
| BILLING ADDRESS (1)       |
| BILLING ADDRESS (2)       |
| CITY       STATE    ZIP       |
| (This will be used for shipping of course materials.)[ ]  Check box if same as billing address aboveSHIPPING ADDRESS (1)       |
| SHIPPING ADDRESS (2)       |
| CITY       STATE    ZIP       |
| BUS. TELEPHONE (     )     -      EXT      |
| FAX (     )     -      (for confirmations) |
| EMAIL ADDRESS       |
| Please check & initial if information needs to be updated in OTCO Training Tracking System. [ ]  |
| CHECK/MONEY ORDER / P.O. #      |
| [ ]  Please invoice my companyCharge to my credit card account:[ ] Visa [ ] MasterCard [ ] Discover [ ] AMEX |
| CARD NUMBER:                      |
| NAME ON CARD       |
| EXP. DATE  **/**   |
| CREDIT CARD VERIFICATIONCODE:      **(Note: Three digit code on back of card.)** |

**SEND COMPLETED FORM TO:**

THE OPERATOR TRAINING COMMITTEE

3972 INDIANOLA AVENUE

COLUMBUS, OHIO 43214-3158

(614) 268-3244 FAX Email: backflow@otco.org

**BACKFLOW PREVENTION**

**COURSE OBJECTIVE**

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**COURSE OBJECTIVE**