Form EW-75 (**2022**)
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/trainingandcertification

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: _____

Mailing 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.

Email: _____   WVOP# if applicable: _____

Business Name: _____

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.

Have you ever had a backflow related certification suspended or revoked in any state?
☐ Yes ☐ No

Failure to report prior disciplinary action by any local, state, or national regulatory body is considered falsification of this application and grounds for denial or revocation of certification.

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**
5. Do you hold comparable certification in another state? ☐ Yes ☐ No *Attach copy of certificate.

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. All current certifications online at
www.wvdhhr.org/oehs/backflow/default.aspx. *Contact program at (304) 352-5040 with questions.*