



Backflow Technician Certification Application Addendum

Please read the instructions throughout the addendum carefully before submitting. Please note, incomplete information may result in processing delays. For additional information regarding classes of backflow technician certifications and certification requirements, please visit the [Backflow Technician Certification](#) page of the Division's website.

Instructions:

1. Please type in the applicable fields.
2. All statements made in this addendum are subject to investigation by the Ohio Department of Commerce, Division of Industrial Compliance, Licensing Section.
3. **You must submit copies of your tax documents (e.g., W-2s, 1099s, Schedule C Form 1040) or other acceptable documents (e.g., Ohio journeyperson license/card, certificate of completion, transcript, etc.) to show that you meet the required years of experience.**
4. This addendum, along with any supporting documents, **must be uploaded** to <https://icportal.com.ohio.gov/> with your online application.

Supplemental Information

Please indicate whether you are affiliated with, or possess, any of the following (please include your license/certification number, if applicable):

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|--------------------------|---|-------|
| ☐ | Local Union | _____ |
| ☐ | Apprenticeship | _____ |
| ☐ | Journeyman Card/License | _____ |
| ☐ | Ohio Construction Industry Licensing Board Plumbing License | _____ |
| ☐ | Ohio Construction Industry Licensing Board Hydronics License | _____ |
| ☐ | Ohio State Fire Marshal Fire Sprinkler License | _____ |
| ☐ | Ohio Environmental Protection Agency Class I Distribution Certification | _____ |
| ☐ | Ohio Environmental Protection Agency Water Supply Professional Operator Certification | _____ |

Please select the experience you possess that fulfills the requirements for the class of backflow technician certification you are applying for:

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|--------------------------|--|
| ☐ | 5 years' experience with a plumbing contractor, a hydronics contractor, or a fire protection company certified by the Ohio State Fire Marshal. |
| ☐ | Hold a current plumbing inspector certification from the Division or Board of Building Standards. |
| ☐ | 5 years' experience in the water purveyor industry. |
| ☐ | Possess a minimum of an Ohio Environmental Protection Agency class I distribution certification |
| ☐ | Possess an Ohio Environmental Protection Agency water supply professional operator certification. |
| ☐ | 5 years' experience in the lawn irrigation industry. |
| ☐ | 5 years of other experience related to the performance of backflow technician duties. |

Work Experience

List at least five years' experience relevant to the backflow technician work you are applying for.

When explaining your job duties, please provide sufficient details to enable the Division of Industrial Compliance's licensing section and the Superintendent to evaluate your qualification for certification as a backflow technician.

Example of acceptable description of duties: *install/repair water, gas and other piping systems in homes and commercial buildings. Install new fixtures. Install/repair/fix pipes. Complete plumbing for underground plumbing systems for new residential and commercial buildings.*

Example of unacceptable description of duties: *All plumbing work. Installs and service work. Apprentice.*

Current / Most Recent Employer:	OCILB or Fire Protection Company License Number:
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Period of Employment:	
Start (MM/YYYY):	End:

Employer's Street Address:		
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Employer's City:	Employer's State:	Employer's Zip Code:
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Employer's Phone:	Employer's Email:
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Job Classification/Title:

Duties (please provide sufficient details as previously indicated):

Next Most Recent Employer:	OCILB or Fire Protection Company License Number:
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Period of Employment:	
Start:	End:

Employer's Address:		
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Employer's City:	Employer's State:	Employer's Zip Code:
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Employer's Phone:	Employer's Email:
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Job Classification/Title:

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Duties (<u>please provide sufficient details as previously indicated</u>):		
Second Most Recent Employer:		OCILB or Fire Protection Company License Number:
Period of Employment (MM/YYYY): Start: _____ End: _____		
Employer's Address:		
Employer's City:	Employer's State:	Employer's Zip Code:
Employer's Phone:		Employer's Email:
Job Classification/Title:		
Duties (<u>please provide sufficient details as previously indicated</u>):		
Other Experience / Additional Information:		

If additional space is needed, please complete a second form with additional work history and upload the two forms together.

Acknowledgement Please read and sign below.	
I, the applicant, hereby affirm that the information contained in and submitted with this backflow technician certification addendum is true and accurate to the best of my knowledge: Applicant First and Last Name: _____	
(**Important** Signing the document may prevent further editing. Complete all other portions of the document prior to signing the form) Signature: _____ Date: _____	