

**Application for Certification as a
Backflow Prevention Assembly Inspector/Tester (BPAIT)**

*Please complete all information and submit all required documents or this application **will not** be processed.*

Please type or print legibly, mark spaces with no information as N/A, and ensure application is signed.

Applying for (check one): ___ Initial, ___ Reinstatement, ___ Re-certification (every 3 years)

If you are re-certifying, please submit proof of at least 15 inspections with this application.

Section I: Applicant information:

Applicant Name: _____ Home Phone No: _____

Applicant Street Address: _____ Email: _____

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

What is your date of birth? _____ **You must submit proof (ie. copy of birth certificate or drivers license).**

Circle the highest level of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 >20

You must submit proof (ie. copy of high school diploma, GED, college transcripts).

Section II: Employment information:

Business Name: _____ Business Phone No: _____

Business Street Address: _____ Business Fax No: _____

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

Section III: Training information:

You must complete a course of instruction approved by the director to receive this certification or re-certification. Check the course below. **You must submit proof of attendance at this course. (ie. course certificate of completion).**

___ WV BPH Approved 40-hour Course ___ WV BPH Approved Refresher Course 8-hours or more

Other: _____

Have you passed an examination consisting of at least two (2) parts; A closed book written part with a score at or above the 70th percentile and a performance part that was pass/fail or you scored at or above the 70th percentile?

Written Part: ___ Yes, ___ No

Performance Part: ___ Yes, ___ No

Note: You must submit copies of your test score sheets. A "No" answer for this question disqualifies you.

Please sign and date this application below. **You will not be considered without a signature and date.**

Signature: _____ Date: _____

Please submit complete application to:
WVBPH/OEHS/EED/Certification & Training Unit
Capitol & Washington Streets
1 Davis Square, Suite 200
Charleston, WV 25301-1798

Phone: (304) 558-6986 or (304) 558-2981 Fax: (304) 558-4322

The above applicant is hereby: ___ Approved or ___ Not Approved for this certification.

Date of decision: _____ Signature of Certifying Authority: _____