

**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 70<sup>th</sup> percentile and a performance part that was pass/fail or you scored at or above the 70<sup>th</sup> 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  
Capitol & Washington Streets  
350 Capitol Street, Room 313  
Charleston, WV 25301-3713  
Phone: (304) 558-6986 Fax: (304) 558-4322

\*\*\*\*\*

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

Date of decision: \_\_\_\_\_ Signature of Certifying Authority: \_\_\_\_\_