



RECIPROCITY APPLICATION FOR BACKFLOW TECHNICIAN CERTIFICATION

Instructions: Please fill out the front side and follow the additional instructions on the back side of the application. Please print in ink or type.

A certification fee is required: \$225.00. Make check payable to the "Division of Drinking Water",
Or by credit card at: https://secure.utah.gov/cart/ddw_cart/details.html?productId=65

Name: _____ Date: _____

Place of Birth: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Email Address: _____

Mailing Address (If Different From Above): _____

City: _____ State: _____ Zip Code: _____

EXPERIENCE

Current Employer (Complete name, no abbreviations): _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ Employer Fax Number: _____

Describe job duties in water/plumbing work: _____

Additional Licenses/certificates and license status: _____

ADDITIONAL CERTIFICATION INFORMATION



Class I

Class II

Class III

Commercially Available:

Yes

No

*Date of Certification Course: _____

Location of Certification Course: _____

Instructor: _____

*Attendance at a certification course is required in order to receive your backflow technician certification (Backflow Technician Regulations, R309-305-7 and R309-305-10).

To sign up for a certification course go to: <http://www.drinkingwater.utah.gov>

I HEREBY SUBMIT MY APPLICATION FOR CERTIFICATION AS A UTAH BACKFLOW TECHNICIAN.

Applicant's Signature

Additional Instructions: Please enclose your check or money order for the appropriate renewal fee made payable to the Division of Drinking Water. Applications received without the required fee will not be processed.

To pay with a credit card or virtual check, please go online to:
https://secure.utah.gov/cart/ddw_cart/details.html?productId=65

Mail application and fee or a copy of your credit card receipt to:
Backflow Technician Certification Program
C/O Division of Drinking Water
150 North 1950 West
P.O. Box 144830
Salt Lake City, Utah 84114-4830

<i>(Office Use Only)</i>	<i>Date</i>	<i>Name</i>	<i>Amount</i>	<i>Check/MO/Receipt Number</i>
<i>Fee Received:</i>				



Utah Division of Drinking Water
150 N. 1950 W.
Salt Lake City, Utah 84116
Backflow Assembly Tester Program
Attention: Michael Moss

Dear Sir;

I would like to request reciprocity with the State of Utah as a Backflow Assembly Tester. My training was obtained through participation in a 32 hour course provided by:

I successfully completed the American Backflow Prevention Association certification written examination and performance test and have received my certification from ABPA. Enclosed you will find copies of my Course Training Certificate and ABPA Certificate. If you have any questions of me please feel free to contact me.

Thank you,

Signature: _____

New Requirement for Backflow Technician Certification

Under Utah State Law UCA 63G-11-104 the Utah Department of Environmental Quality (DEQ) is required to verify the lawful presence in the United States of an individual at least 18 years of age (includes sole proprietor doing business under assumed name) who has applied for Backflow Technician certification. This law also applies for renewal, reinstatement, and reciprocity applications.

Applicants for these certifications are required to notarize and attach the following documents:

- w Complete and attach the form below
- w Attach a copy of your photo ID
- w Have the document notarized

These documents will be confidential and not distributed publicly.

For questions, contact Michael Moss (801) 536-0089, msmoss@utah.gov.

Utah Department of Environmental Quality Certification Pursuant to UCA 63G-11-104

I, _____, hereby certify under penalty of perjury that I am:

a United States citizen, copy of photo ID attached (driver's license, passport, or similar),

OR

a qualified alien as defined in 8 USC, Sec. 1641, and lawfully present in the United States.
Alien ID No. _____

Dated this _____ day of _____, 20____.

Applicant's Name _____

Address _____

Applicant's Signature _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____

PHOTO ID

(Place copy here)