American Society of Sanitary Engineering

Application for
Backflow Prevention Assembly Tester Recertification

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ UA Card # (if applicable): _____
Providing your UA # will allow ASSE to share information with the United Association.

Date originally certified:_____ Number assigned:_____ Expiration Date_____

Local # (if applicable): _____

Name of School:_____

Address _____

City: _____ State: _____ Zip: _____

Phone: ( )_____ Instructor's Name: _____

(For official use only)

I hereby certify that the above named applicant has been instructed by me and has satisfactorily completed the required hours of training established by the American Society of Sanitary Engineering for certification as a Backflow Prevention Assembly Tester.

_____
Instructor's Name (printed)

_____ Date _____
Instructor's Signature