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