

Division of Drinking Water Cross Connection Control Program



RECIPROCITY APPLICATION FOR BACKFLOW TECHNICIAN CERTIFICATION

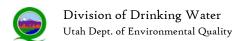
Instructions: Please fill out the front side and follow the additional instructions on the back side of the application. Please print in ink or type.

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:		
**************************************	**********************	*******************************		
Current Employer (Complete name, no abbreviations):			
Employer Address:				
City:	State:	Zip Code:		
Employer Phone Number:	Employer Fax I	Number:		
Describe job duties in water/plumbing wo	ork:			
**************************************	***********	************		

ADDITIONAL CERTIFICATION INFORMATION



Class I	Class	II ☐ Clas	s III Co	mmercially Avai	ilable:	☐ Yes	☐ No
*Date of Certifica	tion Cours	e:	Locati	on of Certification	on Cours	se:	
Instructor:							
*Attendance at a certi Regulations, R309-309			order to receive	your backflow tec	hnician ce	ertification (Ba	ackflow Technician
To sign up for a certifi	cation cours	e go to: http://w	vww.drinkingwa	ter.utah.gov			
I HEREBY SUBMIT	MY APPLIC	CATION FOR C	ERTIFICATION	I AS A UTAH BAG	CKFLOW	TECHNICI <i>A</i>	AN.
Applicant's Signature							
********	·********	*****	*****	******	*****	*****	*******
Additional Instruction the Division of Drink		•	•		•		' '
To pay with a credit https://se		•	_	o: nl?productId=65			
Mail application as Backflow Te C/O Division 150 North 1 P.O. Box 144 Salt Lake Cit	echnician Ce n of Drinkin 950 West 4830	ertification Prog g Water		ceipt to:			
(Office Use Only	******	**************************************	**************************************	**************************************	**************************************	**************************************	ceipt Number
Foo Possived	/ ·	Date	IVAITIC	Amount	CIT	CCN/WIO/NEC	-cipt Number

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

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.

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)