

Division of Drinking Water  
Cross Connection Control Program

## APPLICATION FOR BACKFLOW TECHNICIAN CERTIFICATION

**Instructions:** Fill out both sides of application. Please print in ink or type. A fee of \$145.00 is required. Make check payable to the "Division of Drinking Water".

<b>Name:</b>	<b>Date:</b>
<b>Place of Birth (County or State):</b>	<b>Date of Birth:</b>
<b>Residence Address:</b>	<b>Social Security Number:</b>
<b>Home Phone:</b>	
<b>Mailing Address:</b>	

<p>1. Are you presently the qualifying party on any other license? Yes No If so, give name of licensee, license number and classification title:</p> <hr/> <hr/> <hr/>
<p>2. Are you now licensed as a Journeyman Plumber? Yes No If so, give license number:</p>
<p>3. Has your license as a contractor, or license on which you were the qualifying party, ever been revoked, cancelled, not renewed, or suspended in Utah or elsewhere? Yes No If so, attach details.</p>

## EXPERIENCE

Current Employer: _____	Phone: _____
Address: _____	
(Street)	(City)
(State)	(Zip Code)
Employed From: _____	To: _____
(Month and Year)	(Month and Year)
Describe in detail the type of water/plumbing work you have been engaged in: _____	
_____	
_____	
_____	

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements hereto attached.

Licensee's Signature: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Certification No.: \_\_\_\_\_

Certified Technician Classification: Class I \_\_\_\_\_ Class II \_\_\_\_\_ Class III \_\_\_\_\_

Commercially Available: Yes \_\_\_\_\_ No \_\_\_\_\_

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(OFFICE USE ONLY)

	Date	Name	Amount	Check/M.O. Number
Fee Received:				
Enter Data/File:				
Mail Certificate:				

Certificate Number: \_\_\_\_\_

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