



# Backflow Assembly Training Services



A division of BAT & Supply LLC  
P.O. Box 359 Teton, ID 83452

Toll Free 855 456(BATS) 2287 Cell 208 221 6988 Email [batandsupply@gmail.com](mailto:batandsupply@gmail.com)  
www.batandsupply.com facebook.com/batandsupply

Course fills QUICKLY early registration HIGHLY advised!!!!

## Backflow Tester Certification Course

Class size is LIMITED - Multiple instructors = more one on one time

"Both" Exams given on final day – could file for license immediately

Approved Course - IBOL both W & WW #WWP190410200 / DBS 20-774383 (CE Broker)



RECOMMENDS THIS COURSE

Certification gained is recognized in other states

Certificates will be given on site for submission to DOPL to those passing both exams if registered early (Nov 15, 2021)

Location: City of Ammon Water Shop - 3451 Ard Dr. Ammon, Idaho

Date: December 13 – 17, 2021 8:00 to 5:00 daily

Cost: DOES NOT INCLUDE EXAM FEE - See instruction below

\$775.00 if submitted by discount date of Oct 8<sup>th</sup>, 2021

\$800.00 if submitted after Oct 8<sup>th</sup> 2021

Registration DEADLINE if spots still available – Nov 29, 2021 NO Refunds will be given after Nov 29, 2021

Student Name: \_\_\_\_\_

Company(Optional): \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_ Plumber# if credits wanted: \_\_\_\_\_

Payment Information: - Is employer making payment? Yes  No   
If employer making payment

Employer mailing address \_\_\_\_\_ City State & ZIP \_\_\_\_\_

Email for invoicing \_\_\_\_\_

### Payment Method/Information - Choose one

Check - Mail with registration form to BATS at the address above

Invoice (can be paid securely online with checking or savings bank account - no fee)

Purchase Order if needed \_\_\_\_\_

Completed Registration must accompany request

Email for invoice to be sent \_\_\_\_\_

Credit Card 4% Processing charge will be added to invoice

Completed Registration must accompany request

Email for invoice to be sent \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOU MUST** email [batandsupply@gmail.com](mailto:batandsupply@gmail.com) or call one of the numbers above for a confirmation number after submitting registration and exam application! BATS will not be held responsible for lost or undelivered registrations.

**AN ADDITIONAL DOCUMENT MUST BE SUBMITTED** for exam application

**with a non-refundable fee of \$165.00**



Continue to pages below



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## **INSTRUCTIONS TO TESTER APPLICANT**

**Read completely and follow instructions carefully**

The following information is needed as completely as possible. Please type or print to **ensure your application is legible**. Upon completion, please submit the application to **Backflow Assembly Training Services**. Your application information will be forwarded to the exam provider.

Certificates will be made out with the name on the application so

**Make sure to use a proper name that matches  
government issued ID**

Questions with an **\* are required**. If you are currently unemployed or are not taking the exam for an employer fill that portion with "Self"

**If filling in the fillable fields, you must save afterwards as something such as your name and then submit as an attachment. If you do not save it as something the form information will be blank.**

**Continue to exam application below**





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## Backflow Tester Certification Exam Application

\* Check one.

Date of exam: **Dec. 17, 2021**

Original  Recertification

City & State of exam: **Ammon, Idaho**

### \*Required Fields

### Personal Information

\*Name: First \_\_\_\_\_ Last \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Present Employment

\*Organization or Company: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

\*Professional Title: \_\_\_\_\_

\*Briefly state your duties: \_\_\_\_\_

### Education

\*Highest level of education completed: \_\_\_\_\_

\*Graduated: Yes/No \_\_\_\_\_

\* **REQUIRED** Payment Information: - Is employer making payment? Yes  No

Invoice for checking/savings account online payment

email where invoice is to be sent \_\_\_\_\_

Invoice for Credit Card online payment - 4% processing charge will be added

email where invoice is to be sent \_\_\_\_\_

The above information given by me is true and completed to the best of my knowledge and I understand that with submission of this application the **\$165.00 exam fee is NON - refundable**. I also authorize **BATS** to submit the above information on my behalf by placing signature below.

PLEASE note required \* fields - Incomplete applications **will not be accepted.**

\*Electronic Signature \_\_\_\_\_ Date \_\_\_\_\_