	A	sembly Training	Services	
		. Box 359 Tetonia, ID 83452 ell 208 221 6988 Email batands	unnlu@amail.com	
INLA IOU		ly.com facebook.com/batandsup		Course fills QUIC
Idaho Nursery & cape Association				early registration HIGHLY advised
IMENDS THIS		Tester Certification Co		HIGHLT advised
COURSE		 Multiple instructors = more one final day – could file for lice 		
Certificates co		on to DOPL to those passing both exa		
	Course approvals DOPL bo	oth water/wastewater 190410200	DBS 20-611656	
Location:	••	nent / 2235 NW 8 th St – Meri		
Date:	March 28 – April 1,		laily	
Cost: $\frac{\xi_{m}}{\xi}$	DOES <u>NOT</u> INCLUDE EXAM FEE - \$850 00 if subm	See instruction below hitted by <mark>SUPER</mark> discount d	ate of February 1	5 2022
٩	\$900.00 if submitted <u>Feb</u>		975.00 after Marc	
Registration <u>D</u>	EADLINE if spots still availabl	<u>e</u> – March 18, 2022 <u>NO REFUND</u>	<mark>S</mark> will be given after ∣	March 1, 2022
Student Name:				
Company(Option	nal):			
MailingAddress:				
City:			ST ZIP	
Phone:		Phone 2:		
		Plumber # for cert		
	Payment	Method/Information - Choose one	9	
		T & SUPPLY address above		
Check - Mail w	vith registration form to the BA		ure spot	****
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	Email a copy of r nase Order (can be paid with <u>s</u> stration <u>must accompany</u> request	egistration before mailing to secu	<u>s</u> bank account - <u>no t</u>	<u>'ee</u>)
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<u>**Backflow Assembly Training Services</u>**</u>



A division of BAT & Supply LLC P.O. Box 359 Tetonia, ID 83452 Toll Free 855 456(BATS) 2287 Cell 208 221 6988 Email <u>batandsupply@gmail.com</u> www.batandsupply.com facebook.com/batandsupply

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

Backflov	w Tester Certification Exam Application
Date of exam: April 1, 2022	<u> </u>
City & State of exam: Meridian, Id	Iaho Original Recertification
*Required Fields	Personal Information
*Name: First	Last
*Email Address:	
*Mailing Address:	
City	STZIP
*Phone:	Cell:
	Present Employment
*Organization or Company:	
*Mailing Address:	
*City	STZIP
*Professional Title:	
*Briefly state your duties:	
	Education
*Highest level of education complete	ed:
*Graduated: Yes/No	
Subjects Studied/Degree Earned: _	
* REQUIRED Payment Infor	mation: - Is employer making payment? Yes 🗌 No 🗌
□ Invoice for checking/sa	avings account online payment
email where in	voice is to be sent
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□ Invoice for Credit Card	
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email where invoice The above information given by submission of this application the	
email where invoice The above information given by submission of this application the above	e is to be sent y me is true and completed to the best of my knowledge and I understand that with \$165.00 exam fee is NON - refundable. I also authorize BAT & Supply to submit t