

IDAHO BOARD OF DRINKING WATER AND WASTEWATER PROFESSIONALS

**Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
PO Box 83720, Boise, Idaho 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945**

Website: www.ibol.idaho.gov E-mail: wwp@ibol.idaho.gov

*******APPLICATION FOR BACKFLOW ASSEMBLY TESTER LICENSURE*******

INSTRUCTIONS

- All applications must be complete.
- A \$25 application fee, the \$37 examination fee, and a \$30 original license fee must accompany this application.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above. All returned checks are subject to a \$20.00 fee.
- Applicants for endorsement must arrange for the following documentation to be sent to the Board directly from the state(s) in which they hold licensure:
 - Official certification of a current license or certificate;
 - A copy of the other state’s current licensure & classification criteria.
- Incomplete applications will not be processed or reviewed by the Board. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

APPLICATION CHECKLIST

Please use this checklist for the required documents that must accompany your completed application.

For License by Exam	For License by Endorsement	For License by ABPA
Application Fee: \$25	Application Fee: \$25	Application Fee: \$25
Original License Fee: \$30	Original License Fee: \$30	Original License Fee: \$30
Exam Fee: \$37	Copy of valid driver's license	Copy of valid driver's license
Copy of valid driver's license	Copy of high school diploma/GED	Copy of high school diploma/GED
Copy of high school diploma/GED	BAT license sent from current state	Copy of ABPA Certificate
Copy of BAT Certification Certificate	Copy of licensure law/criteria information	

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Exams

The Board contracts with testing centers located at local colleges. Online examinations can be scheduled by you and taken at your convenience within one year of your approval by the Board.

Note: The applicant’s signature must be notarized with a “jurat.” The applicants must declare the answers provided are true and an “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

ATTENTION MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS

Please note that state professional and occupational licensing boards may accept military education, training, and experience toward meeting the qualifications for a license, certification or registration. Boards may also expedite applications of military service members, their spouses or veterans. See <https://legislature.idaho.gov/statutesrules/idstat/Title67/T67CH26/SECT67-2620/>. To establish experience or education please attach a copy of your DD-214.

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*****APPLICATION FOR BACKFLOW ASSEMBLY TESTER LICENSURE*****

I hereby make application for licensure by: (Check ONE box for this application)

() Initial Exam () ABPA () Endorsement

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____

(The above address is public record) Street City State Zip

3. Mailing Address _____

(Will be used as address of record if none provided above) Street City State Zip

4. Birth Date ____/____/____ Place of Birth _____

mm dd yyyy If not previously submitted, proof of birth date must be attached.

(A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)

5. Social Security No. ____/____/____ E-mail _____

*Not a public record; collected by I.C. § 73-122

6. Business Phone (____) _____ Cell Phone (____) _____

(The above phone number is public record)

(This number is not public record)

7. Do you hold a current water or wastewater license in Idaho? () Yes () No

8. Do you hold a high school diploma or GED? () Yes () No

(Documentation that you meet this requirement must be included or on file with the Board.)

9. Do you meet the educational and experience requirements? () Yes () No

(This office must receive official educational transcripts directly from the educational institution registrar OR satisfactory evidence that you have attained the educational equivalent, AND verification letters from employers documenting the appropriate experience

10. Are you currently or have you ever been licensed in any other state(s)? () Yes () No

(If Yes, certification of licensure(s) & classification criteria must be received directly from the issuing authority before your application will be processed.)

11. Have you passed an examination for licensure: Water? () Yes () No

(If Yes, documentation of appropriate examination scores

Wastewater? () Yes () No

must be on file before your application will be processed.)

Backflow Assembly Tester? () Yes () No

12. Have you ever had a license or certification revoked, suspended or otherwise sanctioned? () Yes () No

(If Yes, a copy of the charges and the final order must be attached or on file with the Board. A Yes response DOES NOT constitute ineligibility.)

13. Have you ever been convicted of any State or Federal felony? () Yes () No

(If Yes, a detailed statement, summary of charges, final order, probation or parole documentation, and any other relevant information must be received before your application will be processed. A Yes response DOES NOT constitute ineligibility.)

NOTE: Affidavits must have original signatures, photocopies are not acceptable.

AFFIDAVIT

Upon oath I _____ certify each of the following:

(print name)

- (1) the responses and information provided in this application and in the attached addendum(s) and documentation submitted on behalf of this application are true and correct to the best of my knowledge;
- (2) I am the applicant named in and who has signed this application;
- (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States;
- (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice;
- (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me;
- (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete;
- (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and
- (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant’s signature must be notarized with a “jurat.” The applicants must declare the answers provided are true. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.