

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, 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.

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.

Online Exams

The Idaho Board of Drinking Water and Wastewater Professionals recently made changes to the exam process. Exams will no longer be proctored by the Department of Labor. For your convenience, the Board is now contracting 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.

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
 BUREAU OF OCCUPATIONAL LICENSES
 700 West State Street, 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**

Exam Type:
 Written (Written exams will be offered in Boise only in April and October)
 Or
 Online
 Please select a location for online.
 Boise
 Lewiston
 Nampa
 Post Falls
 Idaho Falls
 Pocatello
 Twin Falls

*****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** _____ **SS#** ____/____/____
 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. **Business phone** (____) _____ **Cell phone** (____) _____ **E-mail** _____
 (The above phone number is public record) (This number is not public record)

6. **Do you hold a current** **water** or **wastewater license in Idaho?** **Yes** **No**

7. **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.)

8. **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)

9. **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.)

10. **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**

11. **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.)

12. **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.)

AFFIDAVIT

I certify under penalty of perjury that all information contained in this application and attached hereto is true and correct to the best of my knowledge and belief. I certify that I have reviewed and will abide by the laws and rules governing the practice for which I am seeking licensure. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby 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 issued subsequent to this application.

 Applicant Signature

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

(seal)

 Notary Public Official Signature
 My Commission Expires _____