

# American Backflow Prevention Association

## Backflow Prevention Assembly Tester Certification Program

### *Prospective Examination Date Notification (12-7-16)*

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**INSTRUCTIONS:**

1. Please Type or print legibly.
2. The Training Provider must request an ABPA test date more than 60 days before the examination. The ABPA Backflow Prevention Assembly Tester Rules require that the Administrator provide written recognition of the examination date at least sixty (60) days prior to the examination.
3. The Training Provider must use this form in order to request an ABPA examination date. This form will initiate a review by the Administrator to determine if ABPA can administer a certification

examination on a particular date(s) and location(s). If the ABPA examination can be coordinated for the requested date(s) and location(s), the Administrator will confirm in writing to the Training Provider. If the date and location cannot be scheduled, then the Administrator will provide in writing the closest scheduled alternative test date(s) and locations(s).

4. If this date/location only allows training course applicants on site, please select appropriate box below\*. Otherwise Administrator may schedule other applicants not associated with training course.

5. Upon completion, fax, mail or email the completed application to the ABPA.

All communication with regard to the certification program shall be directed to the ABPA at:

*American Backflow Prevention Association Certification Program  
342 N. Main Street, Suite 301  
West Hartford, CT 06117  
Phone (877) ABPA-127 (227-2127)  
FAX (979) 846-7607  
Email: certification@abpa.org*

Proposed Date(s) and Location(s) for Backflow Prevention Assembly Tester Examination

	<b>Written Examination</b>		<b>Performance Examination</b>
Date	_____	_____	_____
Time	_____ a.m. <input type="checkbox"/> _____ a.m. <input type="checkbox"/> _____ p.m. <input type="checkbox"/> to _____ p.m. <input type="checkbox"/>	_____	_____ a.m. <input type="checkbox"/> _____ a.m. <input type="checkbox"/> _____ p.m. <input type="checkbox"/> to _____ p.m. <input type="checkbox"/>
Location	_____ _____ _____	_____	_____ _____ _____
Instructor(s) of Record	_____	_____	Number of Applicants _____
Phone _____ Fax _____	_____	_____	Email _____

\* Examination is open to all ABPA Tester Applicants

\* Examination may only accommodate applicants from course

*NOTE: Examination Monitor and Proctors will be assigned by the Administrator*

**Official Use Only**

Received \_\_\_\_\_ Approved \_\_\_\_\_ Number of Applicants \_\_\_\_\_

Examination scheduled for:

Date(s) & Time(s) Requested above Location \_\_\_\_\_

Alternate Date: \_\_\_\_\_  
Time: \_\_\_\_\_ a.m.  p.m.

Number of proctors assigned: \_\_\_\_\_

NOTE: Any change of date or location requires a minimum notice of 30 days.  
Any change in the number of applicants, or cancellation of exam must be received by the Administrator at least 14 calendar days ahead of time.