



Georgia Backflow Prevention Assembly Tester Certification Exam Registration Form

I wish to apply for this exam date and location: Schedule may be found on our website at www.gawp.org

Date: _____ Location: _____

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Employer: _____

The address below will be used for all certification mailings.

*****Note: There is a \$25 fee for re-mailing your certification card and certificate to a different address**

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Mobile Phone: _____ Fax: _____

E-Mail (required): _____

Confirmations are sent by email ONLY. If an email address is not provided please refer to the Backflow tab on our website (www.gawp.org) for directions and exam details.

Check all that apply:

I have completed/enrolled in a 32-hour course of instruction on Backflow Prevention Assembly Testing.
Date Completed: _____ Location: _____ Instructor: _____

I have previously held a valid certificate issued by _____ (name of certifying organization)
Provide a copy of your backflow license with this form or email to backflow@gawp.org

I passed the written exam, and only need to take the performance portion of the exam.
Date Completed: _____ Location: _____ Instructor: _____

Education Requirement: (check one) _____ High School Diploma _____ GED or equivalent

Payment Information

All Exam Fees are \$185.00 – Please make check payable to GAWP, or you may pay by credit card Registration form must be faxed or postmarked on the **Tuesday** prior to the Exam Date. Payment should be received prior to the date of the exam.

____ Credit Card Payment _____ Check Payment

If you choose to pay by credit card, a link to a secure payment page will be emailed from "noreply@gawp.org" to you upon receipt of this document. Click on the link or paste it into your browser and you will be taken to the payment page for your invoice where you will enter your credit card information. Payment must be received prior to the exam date.

Email for Invoice/Receipt: _____

Please mail, fax or email to: Georgia Association of Water Professionals– BFP Program
1655 Enterprise Way, Marietta, GA 30067
Fax: 770-618-8695 Email: backflow@gawp.org

REFUNDS & CANCELLATIONS All cancellations must be received in writing, on company letterhead, and sent to the GAWP office via mail or fax. Phone cancellations are NOT accepted. Cancellations must be made two weeks prior to the test date, or registrants will no longer be eligible for a refund, however, substitutions are welcome. Call (770) 618-8690 for substitutions. NO REFUND FOR THOSE WHO REGISTER AND FAIL TO ATTEND.