

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS  
BUREAU OF OCCUPATIONAL LICENSES  
700 WEST STATE STREET, PO BOX 83720  
BOISE, IDAHO 83720-0063**

**\*\*\*\*\*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**

Application Fee: \$25  
Original License Fee: \$30  
Exam Fee: \$37  
Copy of valid driver's license  
Copy of high school diploma/GED  
Copy of BAT Certification Certificate

**For License by Endorsement**

Application Fee: \$25  
Original License Fee: \$30  
Copy of valid driver's license  
Copy of high school diploma/GED  
BAT license sent from current state  
Copy of licensure law/criteria information

**For License by ABPA**

Application Fee: \$25  
Original License Fee: \$30  
Copy of valid driver's license  
Copy of high school diploma/GED  
Copy of ABPA Certificate

**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 board is now offering online exams. If you are interested in this option instead of a written exam, you may sign up on the following page. Online exam space is limited and will be given on a first-come-first-served basis. Due to limited space, schedule changes cannot be accommodated for online exams.

**Additional information about the application process, examination, and laws and rules may be obtained on the web at**

[www.ibol.idaho.gov/wwwp.htm](http://www.ibol.idaho.gov/wwwp.htm)

**You may also write to the Board at:**

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS  
BUREAU OF OCCUPATIONAL LICENSES  
700 WEST STATE STREET, PO BOX 83720  
BOISE, IDAHO 83720-0063**

**Address e-mails to:**

[wwp@ibol.idaho.gov](mailto:wwp@ibol.idaho.gov)

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700 West State Street, PO Box  
BOISE, IDAHO 83720-0063  
Phone: (208) 334-3433 Fax: (208) 334-3945  
Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [wwp@ibol.idaho.gov](mailto:wwp@ibol.idaho.gov)

**Exam type:**  
[ ] Online  
or  
[ ] Written

**\*\*\*\*\*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 its 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 \_\_\_\_\_