# American Society of Sanitary Engineering
## Application for
## Backflow Prevention Assembly Tester

Name: _____

       **(Last)**                **(First)**              **(Middle Initial)**

Address: _____

City: _____ State: _____ Zip: _____

Phone:_____     UA Card # (if applicable): _____

                                             **Providing your UA # will allow ASSE to share information with the United Association.**

Local # (if applicable): _____

Name of School:_____

Address _____

City: _____ State: _____ Zip: _____

Phone: ( _____ )_____

Instructor's Name:_____

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### (For official use only)

I hereby certify that the above named applicant has been instructed by me and has satis-factorily completed the required hours of training established by the American Society of Sanitary Engineering for certification as a Backflow Protection Assembly     Tester.

_____

**Instructor's Name (printed)**

_____     Date _____

**Instructor's Signature**