

Form EW-75 (2018)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only
Date Reviewed: ___/___/___
Staff Lead: _____
<input type="checkbox"/> Approved as requested
<input type="checkbox"/> Not a complete submission & returned
<input type="checkbox"/> Schedule for WV BPAIT exam

Request for Backflow Prevention Assembly Tester Certification
Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.

Application Date (mm/dd/yy): ___/___/___ Date of Birth (mm/dd/yy): ___/___/___
First Name: _____ Last Name: _____
Middle Initial: _____ Home Phone: _____

Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Is this a new address? Yes No

Note: This is the address C&T will use to mail all your certification correspondence.

Email: _____ WVOP# if applicable: _____

Business Name: _____
Business Address: _____ City: _____
State _____ Zip: _____ Business Phone: _____ County: _____

*Note: This is the address C&T will display on the website of currently certified BPAITs for the public to contact.
If you are not interested in being contacted for certified BPAIT work, note NA for your business address.*

Have you ever had a backflow related certification suspended or revoked in any state?
 Yes No

If applying for initial certification in WV:

1. Are you 18 years of age or older? Yes No *Attach copy of drivers license or birth certificate.
2. Do you have a High school diploma or GED? *Attach copy of certificate. If neither, stop here.
3. Have you completed and passed all parts of an approved course of instruction? Yes No
*Attach copy of course completion certificate.
4. Have you passed a two part examination with at least a 70%?
Written Part: ___ Yes, ___ No
Performance Part: ___ Yes, ___ No
5. Do you hold comparable certification in another state? Yes No *Attach copy.

If applying for renewal of current WV certification:

Certification Expiration Date (mm/dd/yy): ___/___/___
 Attach a copy of your completion certificate from an approved refresher course (8 hrs or more).
Or
 Attach copies of 15 tests completed under your current WV BPAIT certification.

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR25 Certification of Backflow Prevention Assembly Testers.

Signature: _____ Date: _____

*All C&T applications are processed in order of receipt. All current certifications online at
www.wvdhhr.org/oehs/backflow/default.aspx. Contact program at (304) 558-2981 with questions.*