



Cross Connection & Backflow Prevention
Oregon Health Authority | Drinking Water Services

Phone 971-673-0418 | Fax 971-673-0694 | cross.connection@state.or.us
www.healthoregon.org/testercertification

Initial Backflow Assembly TESTER Certification Application

This application is for first time Tester Certification, or if your certification has lapsed for one year or more. This application must be turned in within 12 months of completing the Backflow Assembly Tester course. Keep a copy of the completed application for your records. **PLEASE PRINT CLEARLY**

1. **First Name:** _____ **Middle Name:** _____ **Last Name:** _____

2. **Social Security Number:** _____

3. Have you ever been certified in Oregon as a Tester or Specialist?
 Yes *My previous certification # was:* _____ **No**

4. **Work Mailing Address** *This is my primary mailing address*

Company Name

Address

City, State, Zip

County

5. **Home Mailing Address** *This is my primary mailing address*

Address

City, State, Zip

County

6. **Phone #** (Enter at least two phone numbers and select one as a primary phone number)

Work: _____ *This is my primary phone #*

Cell: _____ *This is my primary phone #*

Home: _____ *This is my primary phone #*

7. **Email Address:** _____

8. Are you an Oregon licensed Journeyman Plumber or Apprentice Plumber? **Yes** **No**

Office Use Only

Fee: _____ School: _____ Experience: _____ Approved: _____

9. Do you want to be on the online Oregon Certified Backflow Assembly Tester List? **Yes** **No**
In order to be on this list you or your employer must have a license from the Oregon Contractor's Board or the Oregon Landscape Contractor's Board

CCB #: _____ OR

LCB#: _____

The list is by county, please provide the county you want to be listed in: _____

10. Send the following items with this completed application:

A copy of your Backflow Assembly Tester Course certificate of completion

A copy of your high school diploma, GED, or college degree

Certification Fee:

If the first initial of your last name is **A-K**

\$97.50 if your application is received **before** December 31, 2016 (*expires 12/31/16*)

\$195.00 if your application is received **after** December 31, 2016 (*expires 12/31/18*)

If the first initial of your last name is **L-Z**

\$195.00 if your application is received **before** December 31, 2016 (*expires 12/31/17*)

\$97.50 if your application is received **after** December 31, 2016 (*expires 12/31/17*)

11. **Payment Options** (pick one):

Check: Make your check to: **OHA Cashier**. Sign and send all documents to:
OHA Cashier; PO Box 14260; Portland OR, 97293

Credit Card: pay online www.healthoregon.org/testercertification. If you have never been certified enter 0000 for your certification #. **Sign and send** all documents by mail, email, or fax:

Mail: DWS – Cross Connection; PO Box 14260; Portland OR, 97293

Email: cross.connection@state.or.us

Fax: 971-673-0694

I certify that all information on this application and on the attached documentation provided is accurate.

Printed Name _____

Signature _____ **Date** _____

(Must be signed by Tester applying for certification)

Additional Information

- Certifications expire based on the first letter of your last name:
 - A-K expire in even-numbered years, and L-Z certifications expire in odd-numbered years.
- Do **not** mail cash! You may bring your application and cash to our Cashier's office located on the 2nd floor at 800 NE Oregon St. Portland, Oregon 97232
- Applicants are required to provide their Social Security Number to the Department as part of your application for an initial occupational, professional or recreational license, certification or registration issued by the Oregon Health Authority.
- It is the applicant's responsibility to provide all required information and documentation for certification.
- In order to protect you from identity theft, we cannot request information from other Oregon departments.
- Allow 3 to 4 weeks for processing applications.
- Application fees will not be refunded once OHA has initiated processing an application.