Certified Tester Information

First Name: ___________________________ MI: _______ Last Name: ___________________________

Certification Number:___________________ Certification Expiration Date: _________________

Employer:______________________________________________________________________________

Mailing Address:_________________________________________________________________________

City:_________________________ State:______________ Zip:_____________________

Work Phone:___________________ Mobile Phone:______________ Fax: _________________

E-Mail: (required) ______________________________________________________________________

Recertification Requirements (recertification cannot be issued if incomplete)

☐ I am attaching proof of my Continuing Education Hours (Must be included with renewal application). I have completed 6 contact hours (minimum) of Continued Education specific to Backflow Prevention Assembly Testing. Date Completed: _______________ Location: ____________________

Payment Information

License Renewal Fee is $160.00
Late License Renewal Fee is $210.00 - This fee is applicable if license is being renewed within 90 days after the expiration date. After the 90 days, a license cannot be renewed and the Georgia Backflow Prevention Assembly Tester Certification exam must be retaken.

☐ Credit Card Payment  ☐ Check Payment

If you choose to pay by credit card, a link to a secure payment page will be emailed 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

For GAWP Use Only:
New Exp. Date ________
Renewal Date ________

**Georgia Backflow Prevention Assembly Tester Certification - Code of Ethics**

1. A tester shall not falsify the results of backflow assembly field test performed.
2. A tester shall not sign backflow test reports for tests they did not perform.
3. A tester shall not make unnecessary repairs or replacement.
4. A tester shall use the proper test procedures as established by the GBPATC.
5. A tester shall always close the outlet shutoff valve when testing.
6. If an applicant is caught cheating on the GBPATC exam, the penalty is immediate expulsion from the examination and termination of the candidate's ability to take the examination for three years or more. If applicable, after the minimum three year suspension, the applicant shall be required to retake an approved GBPATC training course before submitting a new application.
7. If it has been determined that a tester falsified any document, the penalty can vary from a written warning up to permanent revocation of their certification. The penalty shall be determined pursuant to the Fraudulent Tester Guideline. Appeal of the finding may be made to the GBPATC Steering Committee in writing (contact GAWP) within 30 days of the revocation.
8. Backflow Prevention in the State of Georgia is determined by the GAEPD and GA Safe Drinking Water Act, section 391-3-5-.13(Cross Connections Amended). The Georgia requirements set the minimum requirements for the jurisdictional programs. Jurisdictions can add additional requirements that shall be completed before you shall be allowed to perform testing in the jurisdiction. A tester shall contact the Administrator of the jurisdiction prior to performing any test.

**PLEASE PRINT LEGIBLY:**

Tester Name _______________________________ GBPATC Number ________________

Company Name ________________________________

Company Address __________________________________________

City_________________________ State__________ Zip Code ________________

Home Address __________________________________________

City_________________________ State__________ Zip Code ________________

Home Telephone ______________________________ Work Telephone ______________________________

Email_____________________________ Cell Phone ______________________________

Tester’s Signature _______________________________ Date ________________