

APPLICATION FOR APPOINTMENT  
AS A BACKFLOW PREVENTION  
ASSEMBLY TESTER PROCTOR



**INSTRUCTIONS TO PROCTOR APPLICANT**

1. Read all questions before completing the application. An incomplete or improperly prepared form will be returned. Questions not applicable mark N/A, all others should be answered as completely as possible.
2. Please type or print to insure your application is legible.
3. Every application must be accompanied with a non-refundable payment. Effective 1 January 2003, please make the \$25.00 check, money order, or credit card (MC, V, Discover, AmEx - see below) payable to: A.B.P.A.
3. Upon completion, mail the completed application and payment to the address below.
4. To be considered for proctor status, applicant must comply with the following:
  - Shall possess a current ABPA Tester Certification, *and*
  - Should have successfully completed a minimum of one ABPA Tester re-certification, *and*
  - Shall successfully complete an ABPA proctor training program.
5. Applicants who comply with the requirements will be scheduled for an ABPA Proctor Training Program.
6. Refer to ABPA Backflow Prevention Assembly Tester Proctor Qualifications for additional information.
7. Should you have any questions contact the ABPA Tester Certification Program Administrator at:  
Ph (877) ABPA-127 (227-2127)  
FAX (979) 846-7607  
or [certification@abpa.org](mailto:certification@abpa.org)  
*Information & Rules also available at [www.abpa.org](http://www.abpa.org)*

**American Backflow Prevention Association Tester Certification Program  
P.O. Box 3051, Bryan, TX 77805-3051**

Name \_\_\_\_\_ Ph (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_ Ph (\_\_\_\_\_) \_\_\_\_\_

Work Address \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ABPA Tester Certification No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Date of most recent ABPA Re-Certification \_\_\_\_\_ Location \_\_\_\_\_

Past proctor experience? \_\_\_\_\_

Check One:  Mastercard  Visa  Discover  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

*I request a copy of the ABPA 1.1.11 (10<sup>th</sup> edition) non-illustrated Field Test Procedures by checking this box →  Please mail me a copy*

**I certify that the above information given by me is true. I understand that my name may be included on a list of Backflow Prevention Assembly Testers Proctors published by the ABPA.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administrator Review**

ABPA Tester # \_\_\_\_\_ Current  Yes  
 No

Date of most recent ABPA Tester Recertification \_\_\_\_\_

Payment:  Check  
 Money Order  
 Credit Card - MC Visa Discover Amex

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Proctor Training**

Mock Exam	<u>DC</u>	<u>RP</u>	<u>PVB</u>	<u>SVB</u>
Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed successfully

Date \_\_\_\_\_

Location \_\_\_\_\_

**Appointment**

Accepted

Denied

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_