

# 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 recertification, 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: (323) 776-2764 Phone/Fax or ehavlinaxc@aol.com .

Information & Rules also available  
at  
[www.abpa.org](http://www.abpa.org)

**American Backflow Prevention Association Tester Certification Program  
P.O. Box 91082, Los Angeles, CA 90009**

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 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 \_\_\_\_\_