



# Piping Industry Progress and Education Trust Fund

125 S. 52<sup>nd</sup> Street ■ Tempe, Arizona 85281 Bus: (480) 966-0377 . FAX: (602) 325-3521

## APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY REPAIRER COURSE

To qualify for this examination you must meet the following requirements per the ASSE Series 5000 Standards, Backflow Repair Professional Qualifications Standard; Successful completion of a minimum 40 hour training course including a written and a practical examination covering all facets of ASSE Standard 5130, and a minimum of five (5) years of documented practical experience in the installation of piping systems.

Date: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Full Name: \_\_\_\_\_

(Print name as you wish it to appear on the certificate)

**Individual Identified By:** Driver's License \_\_\_\_\_ Federal Issued ID \_\_\_\_\_ State Issued ID \_\_\_\_\_

P.I.P.E. ID. No. \_\_\_\_\_ (1<sup>st</sup> Initial of first & last name & last 4 Digits of Social Security #)

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### PRESENT EMPLOYMENT

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment \_\_\_\_\_

### EXPERIENCE

List below where you have worked and what you have done during the last 10 years preceding present employment

Date From	Date To	Total Years	Employed By: (Name and Address)	Position

Notarized letters from employers may be required by P.I.P.E. substantiating experience and training.

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be just cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulation of certification holders as set forth by the P.I.P.E. Backflow Committee. As a holder of a P.I.P.E. certification, I agree to not make any false claims about the scope of my certification(s); I agree to not utilize a P.I.P.E. certification in any manner that portrays P.I.P.E. unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my P.I.P.E. certification. I understand that P.I.P.E. reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of a P.I.P.E. certification and shall return any certificates, including wallet- sized photo identification cards, to P.I.P.E.. I agree to not utilize any written documents, reports, procedures, etc., with the P.I.P.E. certification mark in any manner whatsoever that may be inaccurate or false. I understand my information will be posted on our website authorizing access to training verification records.

I certify that the above information given by me is true \_\_\_\_\_

**GOVERNMENT ISSUED PHOTO ID REQUIRED**