



Cross Connection Program
(971) 673-1220 office
(971) 673-0457 fax
www.healthoregon.org/cross
connection

This Area for Official Use Only
 71100 72583 2240

**Backflow Assembly Tester
 Reciprocity Application
 2007-2009 Certification Period**

(For new applicant who is currently certified by a state or entity other than Oregon)

Please type or print clearly: SOCIAL SECURITY NUMBER _____

APPLICANT NAME _____

BUSINESS NAME _____

MAILING ADDRESS _____

PHONE (____) _____ COUNTY _____

1. Have you ever been certified as a Cross Connection Specialist (previously Inspector) or Backflow Assembly Tester in Oregon?
 Yes No Certification number, if known: _____

2. Do you want your name, address, and phone number (as given above) made available on our public list? See page 2 for information and eligibility requirements.
 Yes No

3. I certify that (check one):

- I am employed by a water supplier and will not perform the duties of a Backflow Assembly Tester outside of this employment.
- I am licensed by, or I am employed by, a company that is licensed by the Construction Contractor's Board.
CCB #: _____
- I am licensed by, or I am employed by, a company that is licensed by the Landscape Contractor's Board.
LCB#: _____ (4 digit LCB business #)
- I am not required to register with the CCB or obtain a license from the LCB because I do not provide backflow assembly tester services for compensation.
Questions related to registration or licensure? Call CCB at (503) 378-4621 or LCB at (503) 986-6561.

4. Send the following with your completed application:

- Proof of successful completion of a DHS-approved Oregon Backflow Assembly Tester re-certification training and testing course for 0.5 CEU within the past 12 months of the Department's receipt of this application.
- Proof of current certification as a Backflow Assembly Tester from another state or entity.
- Proof of high school graduation or equivalent.
- Proof of yearly test gauge calibration reports performed in the same month every year and within the past 12 months of the Department's receipt of this application.
- Certification fee:
 - o \$105 for applications received by the Department between July 1, 2007 and June 30, 2008.
 - o \$70 for applications received by the Department between July 1, 2008 and June 30, 2009.
 - o **An additional \$50 is required to reactivate an expired certificate.**

Signature _____ Date _____

The Department of Human Services Public List

The Department provides lists of certified Backflow Assembly Testers for hire. Licensing with the Construction Contractor's Board or the Landscape Contractor's Board is required if you want your name on the public list. If you meet the requirements to be on the public list, your name, address, and phone number *as you have indicated on the front of this application* will be provided to the public and public water systems upon their request or available on the Department's website. The Department does not have the ability to provide alternate addresses, counties and phone numbers on the list. Public water systems may send copies of our list to their customers with their backflow assembly test notices.

Social Security Privacy Act Information:

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Department of Human Services, you are required to provide your Social Security Number to the Department. This is mandatory. The authority for this requirement is in Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Department, your Social Security Number will remain on file. This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.

Payment Information:

Make check payable to **DHS Health Services** (do not send cash) and mail to:

DHS-Cashier
PO Box 14260
Portland, OR 97293-0260

Processing:

Please allow 3 weeks for processing. It is the applicant's responsibility to provide all required information and documentation. Incomplete applications will delay processing. Application fees will not be refunded once DHS has initiated processing an application. Please call the Cross Connection Program Coordinator at (971) 673-1220 if you have not received your certificate within 3 weeks of submitting your application.