

INSTRUCTIONS

1. Please type or print legibly.
2. Date of Birth and Social Security Numbers are required.
3. Provide and / or attach additional documentation, if necessary.
4. Please do not send any fees ----- No charge for examination or license.
5. Please have application notarized.
6. Please attach certificate or copy from training program.
7. Certifications from Arkansas accredited training programs, or similar are required. Documentation of similarity is the applicant responsibility.
8. For questions, please call 501-661-2642

INFORMATION

1. A plumber's license is not required to repair backflow devices within the scope of the plumbing system.
2. License cards shall be issued to all candidates that successfully pass the examination.
3. Re-certification cards will be issued only after the candidate shows proof of re-certification training at a State accredited program.
4. The candidate may be required to submit additional documentation to confirm meeting the training requirements.
5. The Assembly Testing Technician State Certification is required prior to applying for the Assembly Repair Technician State Certification.
6. Failure to obtain re-certification by the Tester License expiration date will result in the inactivation of Assembly Tester and Repair licenses.
7. Re-certification is required every 24 months. Failure to re-certify for more than thirty-six months will require full retraining and retesting prior to state license renewal.

Special Consideration for Active Duty service members, returning veterans and their respective spouses is available for licensure, certification or permitting per Ark. Code 17-1-106



Backflow Prevention Tester & Repair Technician Affidavit

ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION
4815 WEST MARKHAM STREET, SLOT # 24
LITTLE ROCK, ARKANSAS 72205-3867
PHONE (501) 661-2642 • FAX (501) 661-2671

I understand and acknowledge that the *Backflow Prevention Assembly Tester Technician Training Certification* is required to obtain the Repair Technician Certification. **Initial** _____

I understand and acknowledge that the *Backflow Prevention Assembly Tester Technician Training Certification* must be current and in good standing for the Repair Technician License to be valid. **Initial** _____

I understand and acknowledge that the *Backflow Prevention Assembly Tester and Repair Technician Certificate of Competency* permits **inline testing and/or repair Backflow Prevention Assemblies**. **Initial** _____

I understand and acknowledge that the *Backflow Prevention Assembly Tester and Repair Technician Certificate of Competency* does not permit me to install, remove or reinstall backflow prevention assemblies unless I also hold an Arkansas Master, Journeyman or Restricted Plumbing license. **Initial** _____

APPLICANT NAME (PRINTED CLEARLY) _____

APPLICANT SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____