



State of Idaho  
Division Of Occupational and Professional Licenses  
Drinking Water and Water Professionals Board

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

### Application for Backflow Assembly Licensure

Select Application Type:

- Initial License (\$55.00)       Endorsement (\$55.00)       American Backflow Prevention Association (ABPA) (\$55.00)

### Applicant Information

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Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Required by I.C. § 73-122)

Address of Record: \_\_\_\_\_  
(The above address is a public record. Street Address, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(Applicant Residential Address. Used as public address of record if not provided above. Street Address, City, State, Zip Code.)

Cell Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_  
(The above phone number is not a public record.) (Required by I.C. § 67-2609.)

Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?  Yes  No

Do you hold a current water license in Idaho issued by the Division of Occupational and Professional Licenses?  Yes  No

Have you ever had a license or registration denied, surrendered, suspended, revoked, or otherwise disciplined in any state, including Idaho, or other jurisdiction?  Yes  No  
(If yes, complete and submit the Disclosure Form with this application)

Have you ever received a conviction, finding of guilt, withheld judgment or suspended sentence for any felony in any state, including Idaho, or other jurisdiction?  Yes  No  
(If yes, complete and submit the Disclosure Form with this application)

## Education

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Do you hold a high school diploma or GED?

Yes  No

If yes, is the document already on file with DOPL?

Yes  No

## Experience

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Do you meet the experience requirement?

Have you completed a 32-hour BAT certification course?

Yes  No

If yes, which course was completed?

\_\_\_\_\_

## Examination

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Have you taken and passed the applicable written examination?

Yes  No

(Passing score is 70% or higher)

If yes, which examination was taken?

\_\_\_\_\_

Have you taken and passed the applicable practical examination?

Yes  No

If yes, which examination was taken?

\_\_\_\_\_

## **Application Checklist**

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The following documentation must be submitted with this application:

- Processing fee
- Copy of your High School Diploma or GED, unless already on file with DOPL
- Copy of passing exam test score (Not required for ABPA applicants)
- License verification from other state, if endorsement application
- Disclosure Statement Form, if applicable
- Denial, Surrender or Revocation Documentation from another state board, if applicable

### **Certification**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Disclosure Statement for Criminal Conviction or Denial, Surrender or Revocation of a License/Registration

Felony Conviction

Denial, Surrender or Revocation of a License/Registration

Applicant Name: \_\_\_\_\_

Please complete one form for each conviction, regardless of when the crime was committed or whether it was a withheld judgement or suspended sentence. All fields must be completed. If the question does not apply, please write N/A in the box.

Felony Conviction				
Maiden Name/Aliases:				
Conviction Date:		Case/Docket Number:		
Court Name and Location:				
Crime:				
Are you listed on the Idaho Sex Offender Registry?	Yes	No		
Sentence: <small>(Punishment imposed by the court)</small>				
Incarceration Date:		Release Date:		
Probation/Parole Date:		Release Date:		
Fines (amount):	\$	Have these fines been paid?	Yes	No
Restitution (amount):	\$	Have these fines been paid?	Yes	No
Brief description of the crime:				
Rehabilitation Efforts: <small>(What positive changes have you made in your life since this conviction?)</small>				

Denial, Surrender or Revocation of a License/Registration		
Date of occurrence:		State:
Explanation:		
Certification:	<input type="radio"/> Yes, I have attached board documentation regarding disciplinary action that occurred in another state.	