



Piping Industry Progress and Education Trust Fund

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APPLICATION FOR BACKFLOW PREVENTION CERTIFICATION

Date: _____ Current Certification No. _____

Full Name: _____
Print name as you wish it to appear on the certificate

P.I.P.E. ID No. _____ D.L. No. _____
1st initial of 1st and last name & last 4 digits of Social Security Number

Address: _____

City/State/Zip: _____

Home Telephone : (____) _____ Email: _____

DO NOT WRITE IN THIS SPACE	
Form of Payment: _____	
Exam Results: PASS FAIL	
Exam Score: _____	
Expiration Date: _____	
ID # _____	

Please specify address where you would like your certificate and card mailed: Home Employer
P.I.P.E. will not be responsible for lost or stolen certificates and cards.

PRESENT EMPLOYMENT

Employer: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Length of Employment _____

PREVIOUS 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

EDUCATION

	City and State in which you Attended	Years Attended	Date Graduated	Subjects Studied, Degree Earned
High School				
College				
Graduate				
Trade or Business				

I understand that my fee is nonrefundable, and that it may be the judgment of the administrator(s) that my qualifications are insufficient for the certification applied for. I understand I may refer to applicable program rules for appeals and protest procedures

I certify that the above information given by me is true _____

(Signature of Applicant)

GOVERNMENT ISSUED PHOTO ID REQUIRED