



Connecticut Department of Public Health  
Drinking Water Section

**Application for Certification: CT DPH Backflow Prevention Device Tester (DWBT)**

<b>APPLICANT'S CONTACT INFORMATION</b>			
Last Name	M. Initial	First Name	
Company Name (can be left blank)			
Address Line 1 (St. Address or P.O. Box #)			
Address Line 2 (Apt. #, Suite #, Box # - can be left blank)	City	ST	Zip
Email	Telephone		
Fax	Cell Phone		
Social Security Number*	Date of Birth		

*\*Info required by Section 4a-79 of the Connecticut General Statutes, certification will not be denied if this information is not provided*

**Applicant's Statement Of Certification:** I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 of the Connecticut General Statutes.

\_\_\_\_\_  
Applicant's Printed Name                      Applicant's Signature                      Date signed

**Complete Application Items \*1:**

- a. completed/signed **Application for Certification: CT DPH Backflow Prevention Device Tester (DWBT)**, and
- b. copy of the applicant's New England Water Works Association (NEWWA) 2.0 CEU "**Training and Certification of Backflow Prevention Device Inspectors**" course certificate - applicant must have attended the 1 hour presentation on CT Cross Connection Control Regulations during the course, and
- c. copy of the applicant's NEWWA certification ("**Certified Backflow Prevention Device Inspector/Tester**") - Certification Number printed in lower left corner – date of applicant's NEWWA certification must be after COURSE DATE (item b. above), and
- d. \$154.00 application fee - personal, certified check or money order made out to the "**TREASURER, STATE OF CONNECTICUT**" in United States dollars.

**Applications fees cannot be refunded if the applicant is found ineligible.**

**\*1 Application Submission:**

Complete application must be clearly post marked or hand delivered no more than 1 year after the COURSE DATE printed on the applicant's NEWWA 2.0 CEUs **Training and Certification of Backflow Prevention Device Inspectors** course certificate. See Application Instructions \*2

This Complete Application must be submitted to: William Sullivan  
CT DPH, Drinking Water Section  
410 Capitol Avenue, MS#12DWS  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

<b>For State Use Only</b>					
Written Exam Score:		Practical Exam Score:			
Certification#:		Effective Date:		Expiration Date:	



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**Application Instructions: CT DPH Backflow Prevention Device Tester (DWBT)**

This certification is issued based on the applicant having completed and passed CT DPH approved training course on the testing of backflow prevention devices as specified in the Regulation of Connecticut State Agencies (RCSA), Sec. 25-32-11(e). The following course(s) have been approved by the CT DPH:

Course Provider:

New England Water Works Association (NEWWA)

Approved Course:

NEWWA "Training and Certification of Backflow Prevention Device Inspectors", 2.0 CEUs

- Applicant must have attended the 1 hour presentation on CT Cross Connection Control Regulations given by CT DPH during the course

Exam Requirements:

Student must pass both the written exam ( $\geq 70\%$ ) and performance/practical exam ( $\geq 80\%$ ) administered by NEWWA as documented by NEWWA Backflow Prevention Device Inspector/Tester certification

Complete Application Items \*1:

- signed/completed **Application for Certification: CT DPH Backflow Prevention Device Tester (DWBT)**, and
- copy of the applicant's NEWWA 2.0 CEU "**Training and Certification of Backflow Prevention Device Inspectors**" training course certificate - applicant must have attended the 1 hour presentation on CT Cross Connection Control Regulations given during the course, and
- copy of the applicant's NEWWA certification ("**Certified Backflow Prevention Device Inspector/Tester**") - Certification Number printed in lower left corner – date of applicant's NEWWA certification must be after COURSE DATE (item b. above), and
- \$154.00 application fee - personal, certified check or money order made out to the "**TREASURER, STATE OF CONNECTICUT**" in United States dollars.

**Applications fees cannot be refunded if the applicant is found**

**ineligible. Application Submission:**

\*1 = Complete application must be clearly post marked or hand delivered no more than 1 year after the COURSE DATE printed on the applicant's NEWWA 2.0 CEUs **Training and Certification of Backflow Prevention Device Inspectors** course certificate.\*2

\*2 = The CT DPH will allow submission of complete applications more than 1 year after the COURSE DATE (item b. above) where the applicant can demonstrate the following:

- COURSE DATE for the NEWWA course entitled **Training and Certification of Backflow Prevention Device Inspectors (2.0 CEUs)** is not more 3 years before the complete application post marked or hand delivery date, and
- Date of NEWWA Evidence of Proficiency, which demonstrates that the applicant had successfully passed the NEWWA performance examination ( $\geq 80\%$ ), is not more than 1 year before the complete application post marked or hand delivery date, and
- Date of NEWWA written "Backflow Prevention Device Tester Exam" results, which demonstrates the applicant achieved a  $\geq 70\%$  score, is not more than 1 year before the complete application post marked or hand delivery date,
- Applicant must have attended the 1 hour Presentation on CT Cross Connection Control Regulations no more than 1 year before the complete application post marked or hand delivery date.