<b>ρ</b> ασκ <i>j</i> ιυw	Assembly Testing &	Supply LLC
Phone 208 456 2287 Email <u>bftest@ida.net</u>	P.O. Box 359 Tetonia, ID 83452 Cell 208 221 6988 www.batandsupply.com	Toll Free 855 456 2287
Backflow	Tester Certification Cou	
	D - Multiple instructors = more one on o	Idaho Nursory
	al day – could file for license im	
Certificates may be given on site for	r submission to IBOL to those passing both	exams if registered early (July 22nd, 2019
	deny registration to anyone. By submitting flow Assembly Testing & Supply LLC that c	• • •
Location: The	e College of Idaho – Facilities D	ept
2112 Clevelan	d Blvd (Cleveland off of Indiana	), Caldwell, Idaho
Dates of course: <u>Augu</u>		to 5:00 daily
Cost: 4 does <u>not</u> include in \$650.0	EXAM FEE for <u>BOTH</u> exams given on final d 0 if submitted by <u>discount date</u>	ay of the course. See instruction below <u>of</u> July 10 <sup>th</sup> ,2019
	\$725.00 if submitted <u>after</u> Jul e given after the Registration <u>DI</u>	y 17th, 2019
MailingAddress:		
City:		ST ZIP
Phone:	Phone 2:	
	Plumber # fo Payment Method/Information - Choos	
Check - Mail with registration form	n to the BAT & SUPPLY address above	
	paid with <u>secure</u> online <u>checking or sa</u>	
Completed Registration must accompa	iny request	Purchase Order
piotoa nogionation muor accompa		
Email for invoice to be sent	*****	*****
Email for invoice to be sent	e will be added when charged	*****
Email for invoice to be sent Credit Card 4% Processing charge Completed Registration <u>must accompa</u>	e will be added when charged	
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Email for invoice to be sent Credit Card 4% Processing charge Completed Registration <u>must accompa</u> Email for receipt Card Number	e will be added when charged <mark>any request</mark>	Exp dateCVV
Email for invoice to be sent Credit Card 4% Processing charge Completed Registration <u>must accompa</u> Email for receipt Card Number Name as it appears on card	e will be added when charged any request	Exp dateCVV
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Email for invoice to be sent Credit Card 4% Processing charge Completed Registration <u>must accompa</u> Email for receipt Card Number Card Number Name as it appears on card Address for card City	e will be added when charged any request	Exp dateCVV STZIP

AN ADDITIONAL DOCUMENT MUST BE SUBMITTED for exam application with a fee of \$165.00 after registration is received

Application will be forwarded to registered students at the time of confirmation.