Cross Connection Specialist & Backflow Assembly Tester RECIPROCITY

Phone 971-673-0418 | Fax 971-673-0694 | cross.connection@state.or.us

Please fill out the application completely and accurately. Missing information or attachments will delay the certification process. Keep a copy of the completed application for your records. **Instructions are on page 2. Please Print Clearly**

1. Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Social Security # *(required)*: _____ ☐ On file

Have you ever been certified with Oregon Drinking Water? ☐No ☐Yes, cert # _____

Are you an Oregon licensed journeyman plumber or apprentice plumber? ☐Yes ☐No

Do you want to be on the public list of Testers? ☐No ☐Yes, CCB#_____ or LCB#_____ County: _____

2. Employer Information

Employer Name: _____ PWS ID# 41- _____

Address _____ ☐ *Primary mailing address*

City _____ State _____ Zip _____

3. Home Mailing Address

Address _____ ☐ *Primary mailing address*

City _____ State _____ Zip _____

4. Contact Info

Work: _____ Cell: _____ Home: _____

Email Address: _____

5. Required RECIPROCITY Specialist Attachments

☐ 1- or 2-day Oregon CCS course completion certificate, completed within the last 12 months

☐ High School diploma, GED, or a college degree. You may send transcripts. Please highlight your graduation date.

☐ Copy of current license from another State.

6. Required RECIPROCITY Tester Attachments

☐ 1- or 2-day Oregon BAT course completion certificate, completed within the last 12 months

☐ High School diploma, GED, or a college degree. You may send transcripts. Please highlight your graduation date.

☐ Copy of current license from another State.

7. RECIPROCITY Certifications & Fees (read instructions on page 2)

Select your certification: ☐ Reciprocity Specialist ☐ Reciprocity Tester ☐ Reciprocity Specialist & Tester

First initial of last name	Year	Tester or Specialist	Tester & Specialist
A-K	Even	$132.50	$230
	Odd	$230	$425
L-Z	Even	$230	$425
	Odd	$132.50	$230

** Use the table on the left to determine the fee.

8. Payment Options (select one)

☐ Make your **check** out to **OHA Cashier.** Sign & mail all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293

☐ **Credit Card:** pay online www.healthoregon.org/testercertification. Enter 0000 for your certification #.
Name on Credit Card: _____ **Date Paid:** _____
Sign and send all documents (include payment receipt). **Email:** cross.connection@state.or.us, **Fax:** 971-673-0694 **Mail:** DWS - Cross Connection; 800 NE Oregon St; Portland, OR 97232

9. Certify & Sign

I certify that all information on this application and on the attached documentation provided is accurate.

Printed Name: _____

Signature: _____ Date: _____

Office Use Only

☐ Fee ☐ Owe more $ ☐ refund ☐ Education ☐ _____ State Cert ☐ BAT class- date: _____ ☐ CCS class- date: _____ ☐ Approved Cert#:

Instructions for Cross Connection Specialist & Backflow Assembly Tester Reciprocity
Drinking Water Services
Phone: 971-673-0321 | Fax: 971-673-0694 | Email: cross.connection@state.or.us

Thank you for applying for an Oregon specialist or tester certification. The below instructions will help you fill out the application.

- After completing your application, make a copy for your records before submitting it.
- Once the application is received it will be reviewed for completeness.
- We will notify you by phone, email, or mail if we require additional information to process your application.

1. Personal Info

- Please provide your first, middle, and last name.
- **Social security numbers**: if this is your first certification with DWS we cannot process your application without your social security number. If you have a certification with DWS, check the box 'On File'.
- If you currently or have previously held a tester, specialist, distribution, or treatment certification please let us know. If you can't remember your cert number, leave that field blank.
- Check the yes box if you are currently a licensed **journeyman plumber** or **apprentice plumber** in Oregon.
- We have a voluntary **public list of backflow testers**. You **do not** have to be on the list.
  If you would like to be on the list, you must provide you or your employers LCB or CCB license number.
  The info you enter in to the 'work' or 'employer' fields on the application will be displayed on the website.
  The list is currently organized by county, please include the county you would like to be listed in.
  You can access the list here: https://yourwater.oregon.gov/backflow.php

2. Employer Information

- Provide your employer company name and mailing address.
- If you want your certification card, and future renewal information to be sent to your work address check the box 'primary mailing address'.
- *Note: if both 'primary mailing address' boxes are checked for work and home mailing addresses we will send your certification and future renewal paperwork to your work address.*

3. Home Mailing Address

- Provide your home mailing address.
- If you want your certification card, and future renewal information to be sent to your work address, check the box 'primary mailing address'
- *Note: if both 'primary mailing address' boxes are checked for work and home mailing addresses we will send your certification and future renewal paperwork to your work address.*

4. Contact Info

- Provide at least one phone number. We use this to contact you if we have questions about your application or returned mail.
- Provide us with your email address, we use this to contact you if we have questions about your application, and to send you copies of your certification if you need a replacement. You may include a work and a personal email if you want.

5. Required Reciprocity Specialist Attachments

- **All attachments are required for certification**
- Copy of your current out of state specialist license or certificate.
- Copy of the certificate of completion or letter you received from your 1-day Oregon Specialist training course within the last 12 months.
- Copy of your high school diploma, GED, or college diploma. You can send copies of transcripts, please highlight your graduation date.

6. **Required Reciprocity Tester Attachments**
   - **All attachments are required for certification**
   - Copy of your current out of state tester license or certificate.
   - Copy of the certificate of completion or letter you received from your 1- or 2-day Oregon Tester training course completed within the last 12 months.
   - Copy of your high school diploma, GED, or college diploma. You can send copies of transcripts, please highlight your graduation date.
7. **Certification & Fees**
   - The two-year certification cycle is split up based on your last name.
   - Last names that begin with A-K expire in even numbered years.
   - Last names that begin with L-Z expire in odd numbered years.
   - Fees are based on where we are in the certification cycle.
   - Fees are prorated by 50% if applications are submitted ½ way through the cycle.

First initial of last name	Year	Tester or Specialist	Tester & Specialist
A-K	Even	$132.50	$230
	Odd	$230	$425
L-Z	Even	$230	$425
	Odd	$132.50	$230

   - If you become a new tester or specialist in the last half of the certification cycle (you pay the smaller prorated fee), you will be required to renew before the end of the year, but don't panic you will not be required to take a refresher course since you just finished the initial training and this will be your first renewal.

8. **Payment Options**
   - Select only one of the payment options below.
   - **Check:** Make your check out to **OHA Cashier**.
     Sign and mail all documents to: OHA Cashier; PO Box 14260; Portland, OR 97293
   - **Credit Card:** pay online www.healthoregon.org/testercertification.
     If you have never been certified enter 0000 for your certification #.
     By providing the name on the credit card and date paid, helps us find your payment. Once you complete the payment you will be emailed a receipt, include the receipt with the application packet.
     Sign and send all documents (including payment receipt) by mail, email, or fax.
     Mail: DWS – Cross Connection; PO Box 14260; Portland, OR 97293
     Email: cross.connection@state.or.us, **Fax:** 971-673-0694

RENEWAL INFORMATION

Individual renewal forms are **mailed** to all current Testers & Specialists approximately 90 days before they expire (typically the beginning of October).

- **Renewal forms are not available on-line.**
- If you misplace your renewal form contact the office for a replacement cross.connection@state.or.us, or call 971-673-0321

The following requirements must be completed to maintain your backflow tester certification:

- Successful completion of an approved 1 or 2 day tester renewal course. *(not required for your 1st renewal)*
- Copies of your last two gauge calibrations *(For your first renewal you may only have 1 or none, that's ok)*
- Application fee of $195.00. There is a $50.00 reinstatement fee if your renewal is submitted after Jan 31st

Additional forms and info can be found on our website www.healthoregon.org/crossconnection
Need help? Contact the program cross.connection@state.or.us or 971-673-0321