



**DIVISION OF INDUSTRIAL COMPLIANCE  
APPLICATION FOR BACKFLOW/LAWN IRRIGATION TESTER RECERTIFICATION**

**NAME:** \_\_\_\_\_ **CERT #:** \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

REQUIRED

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **CERT EXP DATE:** \_\_\_\_\_

REQUIRED

**CURRENT EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----**(For Official Use Only)**-----

I certify that the above named applicant has fulfilled all requirements for continuing education as set forth by the Ohio Department of Commerce for backflow tester certification.

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** The Ohio Department of Commerce  
Division of Industrial Compliance  
Backflow Section  
6606 Tussing Rd. PO Box 4009  
Reynoldsburg, OH 43068-9009

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