



Florida Plumbing & Backflow Association

BACKFLOW COURSE APPLICATION FORM

Type of class desired: _____
Date of class desired: _____

Please complete this form only and return it with payment to:

Florida Plumbing & Backflow Association
P.O. Box 7101
West Palm Beach, FL 33405

NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CELL: _____ HOME: _____

(Mandatory cell phone)

EMPLOYED BY: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____ FAX _____

PERSONAL EMAIL: _____

WORK EMAIL: _____

Credit Card: _____ Exp. Date _____ Sec. Code _ _ _ _

(Security Code is 3 or 4 digits on your credit card)

No refunds if you cancel less than 10 days before the class, or if you do not complete the class. Please don't hesitate to call our office if you need more information.

Phone: 561 602 1680 | Fax: 561 863 2462

Email: info@floridaplumbingandbackflow.com

Website: www.floridaplumbingandbackflow.com