



CE: 6 hrs Any

OE: None

Class Date/ Location:

- 1/9 Murfreesboro
- 1/23 Clarksville
- 1/30 Jackson
- 2/13 Memphis
- 2/20 *Chattanooga*
- 3/7 Chattanooga
- 3/13 Kingsport
- 4/3 Murfreesboro
- 4/17 Knoxville
- 6/12 Memphis
- 6/26 Murfreesboro
- 7/10 Chattanooga
- 8/28 Knoxville
- 9/11 Murfreesboro
- 9/25 Jackson
- 10/9 Kingsport
- 11/6 Memphis
- 11/27 Murfreesboro

Murfreesboro

840 Commercial Ct.

Clarksville

2215 Madison St.

Jackson

320 Hwy. 45 By-Pass

Chattanooga

1490 Riverside Dr.

3018 Hickory Valley Rd.

Kingsport

1113 Konnarock Rd.

Knoxville

3745 Cunningham Rd.

Memphis

4949 Raleigh-LaGrange Rd.

Questions:

Brent Ogles

brentogles@taud.org

615-900-1011

Successful completion of this workshop will renew your backflow/cross-connection certificate for three years. **Certificates for Backflow Preventer Testers must be renewed every three years. If you hold this certificate, it is your responsibility to attend a renewal class before the expiration date on the certificate. Not renewing by the expiration date may jeopardize the acceptance of your test reports by the Water Provider.** Due to space restraints and subject material, we can only accept the first 21 registrants. We recommend that you register early!

Cost: \$195 TAUD Member
\$225 Non-Member

Time: 8:30 am -4:00 pm

What topics will be covered?

- Requirements Overview
- Testing Procedures

Submit with payment to:

**TAUD Training Station
P.O. Box 2529
Murfreesboro, TN 37133
Fax: 615-898-8283**

*We accept VISA, AMEX,
Discover & MasterCard*

615-900-1000

Preparation: You must successfully demonstrate that you can test a reduced pressure principle assembly and a double check valve assembly in accordance with recognized TN Department of Environment and Conservation procedures without written or verbal assistance. To view the written procedures or to see them performed on video, please visit our web site at www.taud.org and click on Resources-> Downloads-> Backflow; or [click here](#).

Instructor(s): Brent Ogles, Education Manager, TAUD
Greg Baker, IT/Emergency Response/Mapping/Cross Connection, TAUD

ONE REGISTRANT PER PAGE

Name _____

System/Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____ E-mail _____

Credit Card #: _____ Amount:\$ _____

Exp Date: ____/____ Card Holder Name: _____

Billing Address: _____

Zip: _____ Signature: _____

Fax # or email for receipt: _____

REFUND POLICY: Payment for the class is preferred in advance of the scheduled class date. If cancellation is necessary, refund requests submitted in writing (e-mail, fax or letter) will be processed as follows: 15+ days prior - Full refund less any materials mailed. 5 - 14 days - Half payment less any materials mailed. Less than 5 days - No refund - another person may substitute. **If payment has not been received and cancellation is not requested prior to the date of the class, TAUD will invoice the registrant for the full amount of the class.**