

INSTRUCTIONS TO RENEW A REGISTRATION BACKFLOW PREVENTION ASSEMBLY TESTER

Copy the following link to access the online licensing system:

<https://amanda-portal.idph.state.ia.us/adpereh/portal/#/dashboards/index>

**For username and password assistance, contact the State of Iowa Help Desk:
1-800-532-1174**

For specific questions regarding the backflow prevention assembly tester registration program, please contact: caleb.foster@idph.iowa.gov

If you need assistance navigating the licensing site after reviewing these instructions, contact the AMANDA Help Desk: at adpherehreg@idph.iowa.gov or 1-855-824-4357.

If you have not created an account and set up your profile, go back to the IDPH Regulatory Programs page and follow the “How to create an account” instructions.

NOTE: This site works best in Google Chrome, Microsoft Edge, Firefox



Your training provider **MUST** roster your account to the class session in AMANDA before your renewal can be completed.

If you have not completed a class stop here. You cannot complete the renewal application

If needed, give your training provider the PIN shown on your profile page.
(See Step #2 for your PIN)

STEP 1: SIGN IN

Sign In with your existing account (@IOWAID) and password.

REMINDER: These instructions are for renewing individual licenses.

DO NOT set up a New Company Registration to renew your license.

The screenshot shows the IDPH Regulatory Programs website. The left sidebar contains navigation links: Home, Public Search, Sign In (highlighted with a red box), New User Registration, and Help. The main content area features a header for 'IDPH REGULATORY PROGRAMS' with sub-sections for Radiological Health, Emergency Medical Services, and Environmental Health. Below the header is a 'Welcome To IDPH' message and a note about browser compatibility.

STEP 2: REVIEW THE PROFILE & CONTINUE

1 - Verify and update email and other personal information

Note: You will receive your registration via email. We no longer mail documents

2 – Select your Personal Licenses from the drop-down box

3 – Click Continue

Basic Profile Details - (PIN: [redacted])

Name [redacted] Date of Birth [redacted]

Email Address* test@test.com Preferred Address [redacted]

Physical Address Details

Address Is [redacted] ATTN [redacted]

House Number* [redacted] Street Prefix [redacted]

Street Name* Tramore Street Type Road

Street Direction [redacted] County Linn

Unit Type [redacted] Unit Number [redacted]

City* Marion State Iowa

Country [redacted] Zip Code* 52302

Phone 1* 515515155 Phone 1 Type* Primary

Phone 2 [redacted] Phone 2 Type [redacted]

Select personal license or an organization to proceed

Personal Licenses

Continue Reset Addresses

STEP 3: RENEW

Click **Renew** on the line next to the license you wish to work with

If you already clicked RENEW, you will now have **EDIT** under Details

My Programs

Programs for [redacted]

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
[redacted]	[redacted]	Backflow Tester	Lapsed	07/02/2021	10/31/2021	Marion	Details	Online Services	Renew

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My Programs

If you are an Individual and wants to apply for a New Individual License, click on Apply for a Program on the above. Instructions to Apply for a Program

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company Registration. Instructions to create New Company Registration

If you are an Individual returning to the system: Instructions to how to return system.

- Click on Details to add a new piece of equipment or edit/view an already approved application.
- Click on Online Services to select services available for your License type.
- Click on Renew (when displayed) to complete a renewal application.
- Click on Edit (if displayed) to complete a pending application.

A pop-up will appear. Click **OK** to

Are you sure you really want to renew this program?

Ok Cancel

continue.

Note: There will be no payment due until you have accepted Terms and Conditions

STEP 4: APPLICATION FORM

Backflow Tester - Backflow Tester

Applicant [Redacted]

Application Form

- 1 Affirmation
- 2 Third Party Certification
- 3 Back Flow Tester Out of State Credentials or Training

Attachments

1. To add an attachment, click "Add New Attachment."
2. Fill in details of your attachment and choose a file to upload.
3. Click "Upload Attachments" to upload your file.

Attachment Description

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Add New Attachment Upload Attachments

Cancel Continue

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1 – Affirmation

All 6 Affirmation questions require a YES or NO answer

If you answer YES to any, provide details and attach supporting documents

During the previous licensing period, did you develop a medical condition, which in any way impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. *

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances? *

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

During the previous licensing period, were you convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment. You must submit the complaint and judgment of conviction for each offense. *

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you? *

If yes, include the date, location, reason, and resolution.

During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case? *

If yes, include the date, location, reason, and resolution.

During the previous licensing period, did you have a license, permit, registration, or certification during licensing period? *

2 – Third Party Certification from American Backflow Prevention Assoc (ABPA) or American Society of Sanitary Engineers (ASSE)

You must answer YES or NO

If you have taken an in-state approved 5hr refresher or 32hr course, answer NO

If this is YES, provide details and attach certification

Application Form

Affirmation

Third Party Certification

Current National American Backflow Prevention Assoc. (ABPA) or American Society of Sanitary Engineers (ASSE) Certification. - upload copy of card *

Yes No

Select Third Party

Certification Number

Expiration Date

3 – Backflow Tester Out of State Credentials or Training

You must answer YES or NO

If you have taken an in-state approved 5hr refresher or 32hr course, answer NO
 If this is YES, provide details and attach copy of credentials or training

Back Flow Tester Out of State Credentials or Training

Current tester credentials issued by another jurisdiction? - upload copy of card *

Yes No

Name of issuing jurisdiction

License Number

Date of Expiration

Add attachments **ONLY** if you answer YES to any of these questions

If no attachments, Click Continue

STEP 5: Add New Attachment

STOP! Do not need to attach your Iowa approved 5hr refresher or 32hr initial training course

Attachments

- To add an attachment, click "Add New Attachment."
- Fill in details of your attachment and choose a file to upload.
- Click "Upload Attachments" to upload your file.

Attachment Description

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Type	Description	File
2 Type * Type is required	3 Description * Test document	4 Choose File Blank for test.docx

1 Add New Attachment 5 Upload Attachments

Cancel Continue

- 1 – Click Add New Attachment
- 2 – Select your document. If nothing applies, choose "Word Merge"
- 3 – Title your document appropriately
- 4 – Choose the document from your device/computer to upload
- 5 – Click Upload Attachments

If you make a mistake, you can trash it before you upload. Once you click upload, you can view the document but you cannot remove the document.

STEP 6: Submit Your Application

Click **Continue**

You will receive a pop-up box. Click OK

Are you sure you really want to submit all application form?

Ok Cancel

Agree to the Terms and Conditions

Click **Continue**

Terms and Conditions

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

I agree with the terms and conditions.

Continue

Terms and Conditions

STEP 7: Resolving Error(s)

YOU ARE NOT ROSTERED TO A COURSE

Contact your instructor. Do not call the license office.

You cannot complete your application until you are rostered to a course

Once resolved, EDIT your application and follow Step #6 to re-submit

APPLICATION IS INCOMPLETE

Click EDIT

Review ALL items in Step #4 APPLICATION FORM
Once resolved, follow Step #6 to re-submit

STEP 8: MAKE A PAYMENT

Next you will be taken to the **Make Payment** page.

***NOTE:** *Applications are not complete until paid in full*

Make Payment

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
399589	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB 3 Year Contractor Registration Fee per year	000.00	No
399589	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB Contractor Renewal Fee		No

Fee Amount: \$ Paid Amount: \$00.00 Fee Due: \$

SAMPLE: YOURS MAY LOOK DIFFERENT

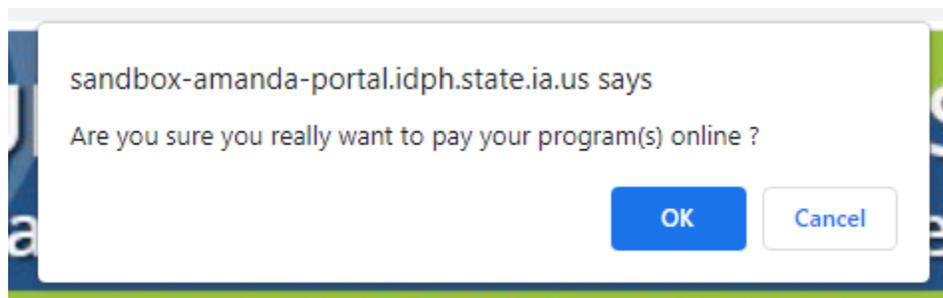
Payment Later Options

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Option 1: Pay Now

Select **Pay Now** when asked,

You will get a pop-up box, click ok



You will now be directed to the online banking system

- You can update the payor information here
- Scroll down and select and enter your payment method
- Click Continue
- Click Confirm

You will receive an email confirmation of your payment. This is the only receipt you will receive

Option 2: Pay Later

You must select a reason (Pay by check, Iowa Transfer, online another time)

- You will be taken back to your Programs page
- Click on Details

- Scroll down to Print Bill (include this with your check or money order)

IDPH REGULATORY PROGRAMS
Radiological Health ■ Emergency Medical Services ■ Environmental Health

Bill (Copy)

Please click **PRINT** here for your bill copy if necessary.

Billed To

Folder Name: [REDACTED]
LPCRO No: [REDACTED]
Reference No: [REDACTED]

Receipt Details

Bill No	Fee Description	Bill Generated Date	Amount
399589 - 290064	PLMB Contractor Renewal Fee	04/25/2023	[REDACTED]
399589 - 290065	PLMB 3 Year Contractor Registration Fee per year	04/25/2023	[REDACTED]
			Total: \$: [REDACTED]

Back

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Notes about Application Processing:

- If there is no required review by program staff you will be emailed your registration card in 1-2 business days.
- If you do not provide an email, you will not receive your renewed registration
- If review is required, you will be contacted if additional information is needed or your card will be issued when review is complete.
- You can verify your status by returning to the above page, click on Public Search and enter your name or BPAT#