



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: OHA BACKFLOW ASSEMBLY TESTER COURSE

Presenter: MIKE BRIESEMEISTER Title: INSTRUCTOR

Employer: SELF EMPLOYED Address: P.O. BOX 654

City: CRESWELL State: ORE Zip: 97426 Phone: 541-255-5057

Summary of Lesson content: TRAIN STUDENTS IN ALL ASPECTS OF BECOMING BACKFLOW ASSEMBLY TESTERS, INCLUDING OPSC, OAR'S, BEST MANAGEMENT PRACTICES & USCTEST PROCEDURES

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: BACKFLOW TESTER SINCE 1986. STATE OF OREGON INSTRUCTOR SINCE 2002

Education (High School, Upgrades, Colleges and Degrees): HIGH SCHOOL - MINNESOTA & VARIOUS COLLEGE WATER RELATED CLASSES

Professional Registration/Certification: STATE OF OREGON INSTRUCTOR.

Related papers/instruction you have presented:

Title: BACKFLOW ASSEMBLY TESTER COURSES Date: SINCE 2002 Event: ANNUALLY AT EUGENE WATER & ELECTRIC BOARD
Title: CROSS CONNECTION SPECIALIST COURSES Date: SINCE 2002 Event: ANNUALLY AT EUGENE WATER & ELECTRIC BOARD

Professional Organizations/Activities: AMERICAN BACKFLOW PREVENTION ASSOCIATION COMMITTEE Date: SINCE 2008

Date: _____

Course sponsor: NW CROSS CONNECTION / BACKFLOW SERVICES LLC

Signature of Instructor: [Signature] Date: 5/21/2020

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE P.O. Box 577 Canby, OR 97013-0577 Email: info@oesac.org Phone: 503-698-6486

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