# APPLICATION Backflow Prevention Assembly Tester

DATE:

Workshop

/ test date: To be announced

LOCATION:

Walnut Creek, California

36 Contact hours

|    | Item Description                             | Cost  | Select options |
|----|--|-------|----------------|
|    | Certification Workshop class 40 hrs.         |       |                |
| 1. | USC 10th. edition Cross Control and handouts | \$995 |                |
|    | Contact hours certification                  |       |                |
| 2. | NCBPA certification –Test fee                | \$100 |                |
|    | Or   | •     | •              |
| 3. | AWWA Certification – Test fee                | \$200 |                |
|    | Total Cost                                   |       |                |

# **Enrollment Procedure:**

# NCBPA Certification Application Procedure.

- Fax Workshop Application Form (pg 1.) and NCBPA certification application (pg 2-3) along with credit card information authorizing payment of Total cost of options 1 and 2 selected above to NCBPA at (707) 649-0429
- Please fill in Exam Date and Place. Walnut Creek.
- Must be Faxed 10 days before the exam date.

# AWWA Certification Application procedure.

### <u>Step 1</u>

- Fax Workshop Application Form (pg 1.) along with credit card information authorizing payment of Total cost of option 1. selected above to NCBPA at (707) 649-0429
- Must be Faxed 10 days before the exam date
- <u>Step 2 (once workshop date is finalized)</u>
  - Fax AWWA Application Form (pg 4-5) along with credit card information authorizing payment for test fee to AWWA at (909) 481-4688 and call (909) 291-2100 to confirm receipt by AWWA.
  - Please fill in Exam Date and Place as per AWWA schedule available at www.awwa.org.
  - Must be Faxed 21 days before the exam date.

For questions call (707) 731-4239 or Fax (707) 649-0429. e-mail. ncbpacustserv@yahoo.com

|   | Workshop Application Form         |
|---|-----------------------------------|
| Class 10 <sup>th</sup> edition test procedures. | New Backflow Tester Certification |
| Name:   | Phone:                            |
| Residence Address:                              |                                   |
| City, State, Zip.                               |                                   |
| Company:  | Phone:                            |
| Company Address:                                |                                   |
| City, State, Zip.                               |                                   |
| Email Address:                                  |                                   |

Keep a copy for your records. All application must be received 30 days before the exam date.

# Northern California Backflow Prevention Association Backflow Prevention Assembly Tester / Cross-Connection Specialist Consolidated Certification Application



(Version Date 09/28/2015)

Instructions:

- A. Please read the entire questions before completing the application. An incomplete or improperly prepared form cannot be processed and will be returned. Please mark "N/A" for questions you feel are not applicable. All others should be answered as completely as possible to all allow the NCBPA Certification Administrator to make an accurate evaluation of your credentials.
- B. Please type or print to ensure your application is legible.
- C. Every application must include a non-refundable application fee. Please make the \$100.00 check, money order, or credit card (MC, Visa and Discover *see below*) payable to NCBPA
- D. Applicants who submit satisfactory evidence of experience or education will be notified regarding the time and location of the examinations.
- E. Refer to NCBPA Backflow Prevention Assembly Tester Rules for appeals procedure.
- F. Special accommodations for taking examination: Should you have a disability that restricts your ability to take an exam under standard conditions, you may request special testing arrangements. Your request must accompany your application.
- G. Please mail the completed application and payment to P.O. Box 6177, Vallejo, CA 94591. Faxes can be received at (707) 649-0429. Should you have any questions contact the NCBPA Customer Service at: (707) 731-4239 or <u>ncbpacustserv@yahoo.com.</u>

dInformation & Rules also available at www.ncbpa.org

| Applying for the following:                          | <ul> <li>Backflow Prevention Assembly Tester</li> <li>Cross-Connection Control Specialist</li> </ul> |
|--|--|
| NOTE: A SEPARATE                                     | E APPLICATION IS NEEDED FOR EACH CERTIFICATION   |
| NAME: 🗖 Mr. 🗖 Ms. (first, last) _                    |  |
| MAILING ADDRESS:                                     |  |
| CITY:  | STATE: ZIP:  |
| WORK PHONE ()  | MESSAGE PHONE ()   |
| EMAIL  | FAX NUMBER ()  |
| Preferred Test Date & Location dates and locations): | on (Please contact NCBPA Certification Director for available  |
| Test Date  | & Test Location  |
| Payment method (check one):                          | Personal Check 🔲 Mastercard 🔲 Visa 🔲 Discover  |
| Credit Card #  | Expiration Date  |
| Billing address of Credit Card:                      | , City ZIP   |
|  |  |
| If you require credit card payment verif             | ication, please provide your FAX ( )   |
| Office Use Only: Exam Date:                          | Written Score: Performance Score: Pass / Fail  |
|  | Issuance Date: Paid: □ Ck □ MC □ V □ Discover  |

# NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCATION CONSOLIDATED CERTIFICATION APPLICATION

Page 2 of 2

| <u>ــــــــــــــــــــــــــــــــــــ</u>  | Applicant Name (last, first):  | Work Telephone:  |   |  |  |
|--|--|--|---|--|--|
| ED   | UCATION:   |  |   |  |  |
|  | High School/GED     College  |  | Trade/Business/Correspondence   |  |  |
| PR   | ESENT EMPLOYMENT   |  |   |  |  |
| EM   | IPLOYER:   |  |   |  |  |
| ADI  | DRESS:   |  |   |  |  |
| JOE  | B TITLE:   |  |   |  |  |
| BRI  | IEFLY STATE YOUR NORMAL DUTIES: (ple   | ase us   | se additional sheets as necessary)  |  |  |
| <u> </u>                                     |  |  |   |  |  |
| l cu<br>Cer                                  | rtification issued by:   |  | nbly Tester or Cross-Connection Control Specialist  |  |  |
|  |  |  | <br>// Expiration Date://   |  |  |
|  |  |  | Contact Person  |  |  |
|  |  |  | tion/cross-connection control or related subjects,  |  |  |
|  | •  |  | •   |  |  |
|  |  |  |   |  |  |
|  | e you presently enrolled in a Backflow Pre<br>ecialist training course?  | ventio   | on Assembly Tester or Cross-Connection Control  |  |  |
| lf Y   | /es, where?  |  | Course Title  |  |  |
|  |  |  | Instructor's Name   |  |  |
| Loc  |  |  | hich qualifies you for certification:   |  |  |
|  |  |  |   |  |  |
| Sur<br>I ce<br>Cal<br>• I a<br>• Te<br>• N   | lifornia Backflow Prevention Association's<br>attest that I am 18 years-old or older at the<br>ester Application Fee is \$100 and is non-i<br>ICBPA may provide my name on a list of c   | certin<br>e time<br>refunc<br>certifie<br>y dee          | dable<br>ed Testers, unless I check the box below.<br>em my qualifications are insufficient for the certification   |  |  |
| Sur<br>I ce<br>Cal<br>I a<br>Te<br>N<br>I ur | lifornia Backflow Prevention Association's<br>attest that I am 18 years-old or older at the<br>ester Application Fee is \$100 and is non-r<br>ICBPA may provide my name on a list of o<br>he NCBPA Certification Administrator ma<br>nderstand the appeal process as stated in | certin<br>e time<br>refunc<br>certifie<br>y dee<br>the l | fication program. I understand the following:<br>e of the examination date.<br>dable<br>ed Testers, unless I check the box below.<br>em my qualifications are insufficient for the certificatio |  |  |

NCBPA PO Box 6177, Vallejo, CA 94591 Fax (707) 649-0429 Office (707) 731-4239 Email <u>custserv@ncbpa.org</u>

| Reviewed/Revised 7-10-14                                      | California-Nevada Section, American Water Works Association |
|---|---|
| American Water Works Association<br>California-Nevada Section | <b>Application for Backflow Prevention</b>                  |
| + Camornia-Nevada Section                                     | <b>Assembly Tester Certification</b>                        |

# PLEASE READ INSTRUCTIONS BELOW FIRST

| 1 EE/IG  | 2 READ INSTRUCTIONS DI  |   |  |  |
|--|---|---|--|--|
| INSTRUCTIONS TO APPLICANT         INSTRUCTIONS TO APPLICABLE TO         YOUR DISCIPLINE. When you sign the Application, you will have stated in writing that you have done so.         2. READ ALL INSTRUCTIONS         BEFORE COMPLETING THE         APPLICATION. An incomplete or improperly prepared application will be returned. Questions not applicable mark N/A. All others should be answered as completely as possible in order to allow the Administrator to make an accurate evaluation of your credentials.         3. Please type or print to ensure your answers are legible.         4. Every application must be accompanied         Today's Requested         Date/ Exam Site         New Tester [] Recertification [] Trout |   | V       disability that restricts your ability to take a test under standard conditions, you may request special testing arrangements at the time of application. SPECIAL         TESTING REQUESTS MUST BE         SUBMITTED IN WRITING BY A         ted         RECOGNIZED HEALTH CARE OR         MENTAL HEALTH CARE         PROVIDER and must         state the nature of the disability, the type of special testing requirements needed and contact information for both the provider and the applicant. THIS REQUEST         MUST ACCOMPANY YOUR         APPLICATION AND FEE.         Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.         Is this a retest?       Yes |  |  |
|  | • —   | Circle One: VISA MC AMEX  |  |  |
| Current Backflow Prevention Assembly Test  | er Certification No.:   | Credit Card #   |  |  |
| Full Name  | Name on Card:   |   |  |  |
| Print your name as you wish it to  | Amount to Charge: \$  |   |  |  |
| Address  |   | Exp. Date:V-Code  |  |  |
| City   |   | Signature:  |  |  |
| Phone: Home ()Work   | ()  |   |  |  |
| Cell () Fax  | ()  | Note: Your cancelled check is your receip   |  |  |
| Email  |   | Credit card receipts will be emailed.   |  |  |
| Please Note: A <u>NON-REFUNDABLE</u> Application<br>with each completed application. To receive mer:<br>If not a member, include a <u>paid</u> AWWA members  | nber discount, list individual or compan<br>hip application to get <u>member</u> discount o | t or pay <u>non-member</u> fee.   |  |  |
| P  | PRESENT EMPLOYN   |   |  |  |
|  |   | Length of Service   |  |  |
| Address Number S   | treet (   | City State Zip  |  |  |
| Job Title  |   |   |  |  |
| Briefly state your normal duties   |   |   |  |  |
| Brieny state your normal duties  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |

(Please attach sheet if more space is required)

## **CONTINUED ON PAGE 2**

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 OF 2 Mail to: CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730 Fax to: (909) 481-4688 2013 © AWWA CA-NV Backflow Prevention Assembly Tester Proctor Handbook

# **PREVIOUS EXPERIENCE**

List your job history below for the five years preceding present employment:

| Date | Date | Total |      |         |          |
|------|------|-------|------|---------|----------|
| From | То   | Years | Name | Address | Position |
|      |      |       |      |         |          |
|      |      |       |      |         |          |
|      |      |       |      |         |          |
|      |      |       |      |         |          |
|      |      |       |      |         |          |
|      |      |       |      |         |          |

#### **EDUCATION**

| List below the names of t | Years | Date     | Subjects Studied |                  |
|---------------------------|-------|----------|------------------|------------------|
|                           |       | Attended | Graduated        | Or Degree Earned |
| High                      |       |          |                  |                  |
| School                    |       |          |                  |                  |
| College                   |       | -        |                  |                  |
| Graduate                  |       |          |                  |                  |
| Trade, Business,          |       |          |                  |                  |
| Correspondence            |       |          |                  |                  |

I currently hold a Backflow Prevention Assembly Tester Certificate issued by:

| County/State:                   | Туре:                             | Number:         | Date Issued: |  |
|---------------------------------|-----------------------------------|-----------------|--------------|--|
| a. Training in Cross-Connectio  | on Control and related subjects   |                 |              |  |
|                                 |                                   |                 |              |  |
| b. Are you presently enrolled i | n a Backflow/Cross-Connection cou | rse? 🗌 Yes 🔲 No |              |  |
| If yes, Please indicate the r   | name of the institution:          |                 |              |  |
| Instructor's Name               | Course Title                      |                 | No. of Units |  |
|                                 |                                   |                 |              |  |

c. Summarize any additional experience you have which qualifies you for certification as a Backflow Prevention Assembly Tester. Use additional page if required \_\_\_\_\_\_

d. Please attach a current Job Description.

I have carefully read the **Rules** governing Backflow Prevention Assembly Tester certification by California-Nevada Section, AWWA. I have carefully read the application instructions. I understand that my fee is **NON-REFUNDABLE**, and that it may be the judgment of the administrator(s) that my qualifications are insufficient for the grade of certification applied for. "BY SIGNING THIS APPLICATION, I GRANT PERMISSION FOR CA-NV SECTION OF AWWA TO RELEASE MY NAME, CERTIFICATION NUMBER AND CERTIFICATION EXPIRATION"

I certify that the above information given by me is true.

(Signature of applicant)

(Date)