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 th 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:	 Backflow Prevention Assembly Tester Cross-Connection Control Specialist
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

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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 Cer	rtification issued by:		nbly Tester or Cross-Connection Control Specialist		
			 // Expiration Date://		
			Contact Person		
			tion/cross-connection control or related subjects,		
	•		•		
	e you presently enrolled in a Backflow Pre 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 I ce Cal • I a • Te • N	lifornia Backflow Prevention Association's attest that I am 18 years-old or older at the ester Application Fee is \$100 and is non-i ICBPA may provide my name on a list of c	certin e time refunc certifie y dee	dable ed Testers, unless I check the box below. em my qualifications are insufficient for the certification		
Sur I ce Cal I a Te N I ur	lifornia Backflow Prevention Association's attest that I am 18 years-old or older at the ester Application Fee is \$100 and is non-r ICBPA may provide my name on a list of o he NCBPA Certification Administrator ma nderstand the appeal process as stated in	certin e time refunc certifie y dee the l	fication program. I understand the following: e of the examination date. dable ed Testers, unless I check the box below. 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 California-Nevada Section	Application for Backflow Prevention
+ Camornia-Nevada Section	Assembly Tester Certification

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 with each completed application. To receive mer: If not a member, include a <u>paid</u> AWWA members	nber discount, list individual or compan 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)