

APPLICATION
Backflow Prevention Assembly Tester

DATE: Workshop _____ / test date: _____

LOCATION: _____, California

	Item Description	Cost	Select options
1.	Certification Workshop class 40 hrs. <ul style="list-style-type: none"> • USC 10th. edition Cross Control procedure laminates for all devices and handouts • Contact hours certification 	\$1295	
2.	Optional: USC 10 th . edition Cross Control book <i>(upon advance request):</i>	\$185	
3.	NCBPA certification –Test fee	\$245	
Or			
	AWWA Certification – Test fee	\$340	
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.
- **Must be Faxed 10 days before the exam date.**

AWWA Certification Application procedure.

Step 1

- 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.**

Step 2 (once workshop date is finalized)

- 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 10th 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 ncbpacustserv@yahoo.com.

Information & Rules also available at www.ncbpa.org

Applying for the following: <input type="checkbox"/> Backflow Prevention Assembly Tester <input type="checkbox"/> Cross-Connection Control Specialist <p style="text-align: center;">NOTE: A SEPARATE APPLICATION IS NEEDED FOR EACH CERTIFICATION</p>
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NAME: Mr. Ms. (first, last) _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE (_____) _____ MESSAGE PHONE (_____) _____

EMAIL _____ FAX NUMBER (_____) _____

Preferred Test Date & Location (Please contact NCBPA Certification Director for available dates and locations):

Test Date _____ & Test Location _____

Payment method (check one): Personal Check Mastercard Visa Discover

Credit Card # _____ Expiration Date _____

Billing address of Credit Card: _____, City _____ ZIP _____

Name as it Appears on Card _____

If you require credit card payment verification, please provide your FAX (_____) _____

Office Use Only: Exam Date: _____ Written Score: _____ Performance Score: <input type="checkbox"/> Pass / <input type="checkbox"/> Fail Certificate number: _____ Issuance Date: _____ Paid: <input type="checkbox"/> Ck <input type="checkbox"/> MC <input type="checkbox"/> V <input type="checkbox"/> Discover
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Applicant Name (last, first): _____ Work Telephone: _____

EDUCATION:

High School/GED College Trade/Business/Correspondence

PRESENT EMPLOYMENT

EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____

BRIEFLY STATE YOUR NORMAL DUTIES: (please use additional sheets as necessary)

CERTIFICATION HISTORY

I currently hold a valid Backflow Prevention Assembly Tester or Cross-Connection Control Specialist Certification issued by:

Certification Agency: CA-NV AWWA ABPA NCBPA Other: _____

Certificate # _____ Date Issued ____/____/____ Expiration Date: ____/____/____

Certifying Authority Phone No. (____)____-____ Contact Person _____

Please list all relevant training in backflow prevention/cross-connection control or related subjects, including dates and instructor: _____

Are you presently enrolled in a Backflow Prevention Assembly Tester or Cross-Connection Control Specialist training course? Yes No

If Yes, where? _____ Course Title _____

Location _____ Instructor's Name _____

Summarize any additional experience you have which qualifies you for certification: _____

I certify that I have read and understand the application instructions and RULES governing the Northern California Backflow Prevention Association's certification program. I understand the following:

- I attest that I am 18 years-old or older at the time of the examination date.
- Tester Application Fee is \$100 and is non-refundable
- NCBPA may provide my name on a list of certified Testers, unless I check the box below.
- The NCBPA Certification Administrator may deem my qualifications are insufficient for the certification. I understand the appeal process as stated in the NCBPA Rules.

Applicant Signature _____ Date _____

NOTE: If you DO NOT wish to have your name published by NCBPA, please check this box →

California-Nevada Section, American Water Works Association
**Application for Backflow Prevention Assembly
Tester (BPAT) Certification**

PLEASE READ INSTRUCTIONS BELOW FIRST

<p>INSTRUCTIONS TO APPLICANT</p> <ol style="list-style-type: none"><u>1. READ AND REVIEW THE CERTIFICATION CANDIDATE HANDBOOK APPLICABLE TO YOUR DISCIPLINE.</u> When you sign the Application, you will have stated in writing that you have done so and agree to comply.<u>2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</u> 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 qualifications.Please type or print to ensure your answers are legible.	<ol style="list-style-type: none">Every application must be accompanied by the <u>NON-REFUNDABLE</u> application fee. Please make check or money order payable to: CA-NV AWWA.Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.Completed applications will be reviewed by the Administrator for certification eligibility. A completed application includes all requested information, <u>and</u> proof of qualifications per the Candidate Handbook.Refer to applicable program policies for appeals procedures.The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date.	<ol style="list-style-type: none"><u>NOTIFICATION:</u> All applicants will be notified of eligibility within <u>14 calendar days</u> prior to the requested exam date.<u>SPECIAL REQUEST FOR TAKING THE EXAM:</u> If you have a disability that restricts your ability to take a test under standard conditions, you may request special testing arrangements at the time of application. <u>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING ON THE REQUEST FOR TESTING ACCOMMODATIONS FORM.</u> THIS FORM MUST ACCOMPANY YOUR APPLICATION AND FEE. Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.
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Submission Date _____ Requested Exam Sites / Dates _____
1) _____ / ____ / ____
2) _____ / ____ / ____

- Reciprocity Request
 Retake Request
 Reinstatement Request

Backflow Prevention Assembly Tester No: _____

AWWA Membership #: _____

Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.

Credit Card Type: _____
Credit Card # _____
Name on Card: _____
Amount to Charge: \$ _____
Exp. Date: _____ (MM/YY) **V-Code** _____
Signature: _____
Receipt: Email: _____ **Phone:** _____

Full Name _____
Print your name as it appears on your government issued picture ID

Address _____

City _____ State _____ Zip _____

Phone: Home (____) ____/____ Work (____) ____/____

Cell (____) ____/____ **Email:** _____

Note: A **NON-REFUNDABLE** Application Fee of **\$285.00** for AWWA Members or **\$305.00** for non-members is due and must be included with each completed application. To receive the member discount, please list the individual or company **AWWA Membership above**. If not a member, you may include a paid membership application to use the member discount.

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 OF 3

Mail to: CA-NV Section, AWWA Certification Program, 10435 Ashford St. Rancho Cucamonga, CA 91730

Fax to: CA-NV Section, AWWA Certification Program (909) 481-4688

Email to: GEnriquez@ca-nv-awwa.org

PRESENT EMPLOYMENT

Employer _____ Length of Service _____

Address _____
 Number Street City State Zip

Job Title _____

Briefly state your normal duties (attach additional sheet if necessary): _____

(Please attach sheet if more space is required)

PREVIOUS EXPERIENCE

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

Date From	Date To	Total Years	Name	Address	Position

EDUCATION

List below the names of the schools, cities, and states in which you attended		Years Attended	Date Graduated	Subjects Studied Or Degree Earned
High School				
College				
Graduate				
Trade, Business, Correspondence				

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

County/State: _____ Type: _____ Number: _____ Date Issued: _____

a. Training in Cross-Connection Control and related subjects _____

b. Are you presently enrolled in a Backflow/Cross-Connection course? Yes No

If yes, Please indicate the 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 _____

ALL APPLICANTS MUST INCLUDE A CURRENT JOB DESCRIPTION

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 2 OF 3

Mail to: CA-NV Section, AWWA Certification Program, 10435 Ashford St. Rancho Cucamonga, CA 91730

Fax to: CA-NV Section, AWWA Certification Program (909) 481-4688

Email to: GEnriquez@ca-nv-awwa.org

I have carefully read the **Candidate Handbook and related Policies** governing the Backflow Prevention Assembly Tester certification by the California-Nevada Section of the American Water Works Association. 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 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)