APPLICATION
Cross Connection Control Specialist

DATE: Workshop_____ / test date: _____

LOCATION: _____, California

	Item Description	Cost	Select options
1.	Certification Workshop class 40 hrs. • USC 10th. edition Cross Control procedure laminates for all devices and handouts • Contact hours certification	$1,495	
2.	**Optional**: USC 10th. edition Cross Control book *(upon advance request)*	$185	
3.	NCBPA certification –Test fee	$245	
	Or		
	AWWA Certification – Test fee	Check awwa website	
	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 of test fee to AWWA at (909) 481-4688
• Please fill in Exam Date and Place.
• **Must be Faxed 10 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. | Cross Connection Specialist |

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.

dInformation & Rules also available at www.ncbpa.org

Applying for the following: ☐ **Backflow Prevention Assembly Tester**
                                    ☐ **Cross-Connection Control Specialist**
NOTE: A SEPARATE 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 (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: ☐ Pass / ☐ Fail

Certificate number:_____ Issuance Date:_____ Paid: ☐ Ck ☐ MC ☐ V ☐ Discover

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 Cross-Connection Control Specialist Certification

,.   Amer can Wat_er Works Association
"11Callforn1a-Nevada Section

PLEASE READ INSTRUCTIONS BELOW FIRST

INSTRUCTIONS TO APPLICANT

I. **READ AND REVIEW THE CERTIFI-CATION RULES APPLICABLE TO 0 R DI C fPLI E.** When you sign the Application, you will have stated in writing that you have done so.

2. **READ ALL INSTRUCTIONS BEFORE COMPLETING THE APP LICAT I0 1**. **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 legi ble .

4. Every application must be accompanied by the t**O -REF** I **D BLE** application fee. Please make check or money order payable to: **CA-NV Section, AWWA.**

5. Upon completion, mail the application to the Section office.

6. Completed applications will be reviewed by the Administrator for Certification eligibility. A completed application includes all requested information, **and** proof of qual-ifications, per **Section 2** of the Rules.

7. Refer to applicable program rules for appeals and protest procedures.

8. The application must reach the Section office **20 days** prior to the exam date.

9. **NOTIFICATION:** All applicants will be notified of eligibility **20 days** prior to the exam date.

10. **SPECIAL REQUEST FOR TAKING THE EXAM:** 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. **SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR** l**_____ R** **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.**
Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.

Today's Date _ /_ /_   Requested Exam Site_____   Requested Exam Date _ /_ /_

0 New O Renewal

Current Backflow Prevention Assembly Tester Certification No.:_____

FullName - - - - - - - - - - - ,- -,-- - - - - - - - - - - - - -
Print your name as you wish it to appear on the certificate

Address_____

City _____ State ____ Zip _ _ _ _

Phone: Home (___J____/   Work (___J____/_

Cell (___J____/____   Fax (___J____/_

Email _____

D Reinstatement Request

Circle One: VISA   MC   AMEX
Credit Card#_____
Name on Card:_____
_____Amount to Charge: $____ _
Exp. Date:_____V-Code____ _
Signature : _ _ _ _ _ _ _ _ _ _ _ _

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

Please Note: A **NON-REFUNDABLE** Application Fee of **$135.00** for AWWA Members/$155.00 for non-members is due and must be included with each completed application. To receive member discount, list individual or company **AWWA Membership Number _____**.If not a member, include a paid membership application to get member discount or pay non-member

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PRESENT EMPLOYMENT

Employer _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   Length of Service _ _ _ _ _ _ _ _ _ _

Address _
Number   Street   City   State   Zip

Job Title_____ Number of Service Connections_____

Briefly state your normal duties _____

(Please attach sheet if more space is required)

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

CONTINUED ON PAGE 2
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				

a. Are you presently making Cross-Connection Control Inspections? ⭕ Yes ⭕ No

b. Number of years engaged in Cross-Connection Control work_____ _

c. Training in Cross-Connection Control and related subjects _

_____
_____
_____

d. Are you presently enrolled in a Cross-Connection course? ⭕ Yes ⭕ No   School _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Instructor's Name_____Course Title_____No. of Units _ _ _ _ _ _ _

e. Summarize any additional experience you have which qualifies you for certification as a Cross-Connection Control Specialist.
Use additional page if required _

_____
_____

f. Please attach a <u>current</u> Job Description.

I have carefully read the **Rules** governing Cross-Connection Control Specialist 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)

CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION - PAGE 2 OF 2
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