

APPLICATION  
**Cross Connection Control Specialist-Refresher**

DATE: Workshop \_\_\_\_\_ / test date: \_\_\_\_\_

LOCATION: \_\_\_\_\_, California

	Item Description	Cost	Select options
1.	Certification Workshop class 40 hrs. <ul style="list-style-type: none"> <li>• 10th. edition Cross Connection Control handouts</li> <li>• UPC procedure laminates</li> <li>• Contact hours certification</li> </ul>	\$450	
2.	<b>Optional:</b> USC 10th. edition Cross Control book <i>(upon advance request)</i>	\$185	
3.	NCBPA certification –Test fee	\$245	
Or			
	AWWA Certification – Test fee	check awwa website	
<b>Total Cost</b>			

**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
- 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 10<sup>th</sup> edition test procedures.

Cross Connection Specialist -Refresher

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](mailto:ncbpacustserv@yahoo.com).

Information & Rules also available at [www.ncbpa.org](http://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 →**

# Application for Cross-Connection Control Specialist Certification

## PLEASE READ INSTRUCTIONS BELOW FIRST

<p><b>INSTRUCTIONS TO APPLICANT</b></p> <p><b>1. READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE. When you sign the Application, you will have stated in writing that you have done so.</b></p> <p><b>2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</b> 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.</p> <p>3. Please type or print to ensure your answers are legible.</p> <p>4. Every application must be accompanied</p>	<p><b>by the NON-REFUNDABLE application fee. Please make check or money order payable to: CA-NV Section, AWWA.</b></p> <p>5. Upon completion, mail the application to the Section office.</p> <p>6. Completed applications will be reviewed by the Administrator for Certification eligibility. A completed application includes all requested information, and proof of qualifications, per Section 2 of the Rules.</p> <p>7. Refer to applicable program rules for appeals and protest procedures.</p> <p>8. The application must reach the Section office 20 days prior to the exam date.</p> <p>9. NOTIFICATION: All applicants will be notified of eligibility 20 days prior to the exam date.</p>	<p><b>10. SPECIAL REQUEST FOR TAKING THE EXAM:</b> 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. <b>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR 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.</b></p> <p>Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Exam Site \_\_\_\_\_ Requested Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**D** New **D** Renewal

Current Backflow Prevention Assembly Tester Certification No.: \_\_\_\_\_

Full Name \_\_\_\_\_  
Print your name as you wish it to appear on the certificate

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ / \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_ / \_\_\_\_-\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ / \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_ / \_\_\_\_-\_\_\_\_

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**

### 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)

**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 current 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**