

APPLICATION  
**Backflow Prevention Assembly Tester - Refresher**

**DATE:** Workshop \_\_\_\_\_ / test date: To be announced  
*12 Contact hours*  
**LOCATION:** San Jose, California

	Item Description	Cost	Select options
1.	Certification Workshop class 12 hrs.	\$250	
2.	USC 10 <sup>th</sup> edition Cross Control \$135/handouts \$35 (or both)	\$135 / \$35	
3.	Contact hours certification	\$30	
4.	NCBPA certification –Test fee	\$100	
Or			
5.	AWWA Certification – Test fee	\$200/\$180	
<b>Total Cost</b>			

**Enrollment Procedure:**

**NCBPA Certification Application Procedure.**

- Fax Workshop Application Form (pg 1.) and select NCBPA certification application (General tester or RP&DC Specialist) to send along with credit card information authorizing payment of Total cost selected above to NCBPA at (707) 649-0429
- Please fill in Exam Date and Place. **San Jose.**
- **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, 2 and 3) 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 6-7) along with credit card information authorizing payment of \$200 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](http://www.awwa.org).
- **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](mailto:ncbpacustserv@yahoo.com)

**Workshop Application Form**

Class 10<sup>th</sup> edition test procedures.

Backflow Tester Recertification

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 RP & DC Specialist 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)

## Backflow RP & DC Specialist Application

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

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION  
BACKFLOW RP & DC SPECIALIST APPLICATION

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 →**

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



(Version Date 09/28/2015)

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- 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)

<p><b>Applying for the following:</b>    <input type="checkbox"/> <b>Backflow Prevention Assembly Tester</b>            <input type="checkbox"/> <b>Cross-Connection Control Specialist</b>  <b>NOTE: A SEPARATE APPLICATION IS NEEDED FOR EACH CERTIFICATION</b></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 ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_

<p>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</p>
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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.
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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)