

APPLICATION
Cross Connection Control Specialist

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 	\$1,495	
2.	Optional: USC 10th. edition Cross Control book <i>(upon advance request)</i>	\$205	
3.	NCBPA certification –Test fee	\$245	
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.**

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 Cross Connection Control Specialist Application

(Version Date 11/01/2025)



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 testing fee. Please make the \$245.00 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

Cross Connection Control 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 Visa Discover

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION
CROSS CONNECTION CONTROL 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 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 \$245 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 →