

APPLICATION  
**Backflow Prevention Assembly Tester**

**DATE:** Workshop \_\_\_\_\_ / test date: To be announced  
*36 Contact hours*  
**LOCATION:** Vallejo, California

	Item Description	Cost	Select options
1.	Certification Workshop class 40 hrs.	\$995	
	USC 10 <sup>th</sup> . edition Cross Control and handouts		
	Contact hours certification		
2.	NCBPA certification –Test fee	\$100	
Or			
3.	AWWA Certification – Test fee	\$200	
<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. **Vallejo.**
- **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](http://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](mailto:ncbpacustserv@yahoo.com)

**Workshop Application Form**

Class 10<sup>th</sup> 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](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></p> <p style="text-align: center;"><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 \_\_\_\_\_

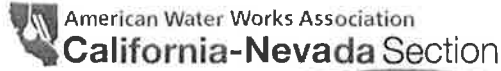
Summarize any additional experience you have which qualifies you for certification: \_\_\_\_\_

*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.
- 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 Backflow Prevention Assembly Tester Certification

**PLEASE READ INSTRUCTIONS BELOW FIRST**

<p style="text-align: center;"><i>INSTRUCTIONS TO APPLICANT</i></p> <ol style="list-style-type: none"> <li>1. <b>READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE.</b> When you sign the Application, you will have stated in writing that you have done so.</li> <li>2. <b>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.</li> <li>3. Please type or print to ensure your answers are legible.</li> <li>4. Every application must be accompanied</li> </ol>	<p>by the <b>NON-REFUNDABLE</b> application fee. Please make check or money order payable to: <b>CA-NV Section, AWWA.</b></p> <ol style="list-style-type: none"> <li>5. Upon completion, mail the application to the Section office.</li> <li>6. 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 <b>Section 10</b> of the Rules.</li> <li>7. Refer to applicable program rules for appeals and protest procedures.</li> <li>8. The application must reach the Section office <b>20 days</b> prior to the exam date.</li> <li>9. <b>NOTIFICATION:</b> All applicants will be notified of eligibility <b>14 days</b> prior to the exam date.</li> </ol>	<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 MENTAL HEALTH CARE PROVIDER</b> and <b>must</b> state the nature of the disability, the type of special testing requirements needed and contact information for both the provider and the applicant. <b>THIS REQUEST MUST ACCOMPANY YOUR APPLICATION AND FEE.</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 \_\_\_/\_\_\_/\_\_\_ Is this a retest?  Yes  No

New Tester  Recertification  Troubleshooting  Hands-On

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 \_\_\_\_\_

**Circle One: VISA MC AMEX**

Credit Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Your cancelled check is your receipt.**  
**Credit card receipts will be emailed.**

Please Note: A **NON-REFUNDABLE** Application Fee of **\$180.00** for AWWA Members/ **\$200.00** 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 AWWA membership application to get member discount or pay non-member fee.

### PRESENT EMPLOYMENT

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

Address \_\_\_\_\_

Number    Street    City    State    Zip

Job Title \_\_\_\_\_

Briefly state your normal duties \_\_\_\_\_

(Please attach sheet if more space is required)

### CONTINUED ON PAGE 2

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 OF 2

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

Fax to: (909) 481-4688

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**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)