APPLICATION Backflow Prevention Assembly Tester - Refresher

DATE:	Workshop	/ test date:	To be announced
LOCATION:	12 Contact hours Vallejo, California		

	Item Description	Cost	Select options
	Certification Workshop class 12 hrs.		
1.	Laminated handouts	\$450	
	Contact hours certification		
2.	NCBPA certification –Test fee	\$100	
	Or	1	
3.	AWWA Certification – Test fee (member/non-member)	\$200/\$180	
	Total Cost	•	

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 of option 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 6-7) 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.

						-	
•	Must be F	Taxed 10	days	before	the	exam	date.

For questions call (707) 731-4239 or Fax (707) 649-0429. e-mail. ncbpacustserv@yahoo.com

Class 10th edition test procedures. Backflow Tester Recertification Name: Phone: City, State, Zip. Company: Company Address: City, State, Zip. City, State, Zip. City, State, Zip.

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.

Information & Rules also available at www.ncbpa.org

I	Backflow RP & DC Speciali	st Application
NAME: 🗖 Mr. 🗖 Ms. (first, las	t)	
MAILING ADDRESS:		
CITY:	STAT	ΓΕ: ZIP:
WORK PHONE ()	MESSA	GE PHONE ()
EMAIL	FAX N	IUMBER ()
Preferred Test Date & Loca dates and locations):	tion (Please contact NCB	PA Certification Director for available
Test Date	& Test Location	
Payment method (check one):	Personal Check □□ Masterd	ard □□ 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 ve	erification, please provide your FAX	X()
Office Use Only: Exam Date:	Written Score:	Performance Score: Pass / Fail
Certificate number:	Issuance Date:	Paid: □ Ck □ MC □ V □ Discover

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCATION BACKFLOW RP & DC SPECIALIST APPLICATION

	Applicant Name (last, first): Work Telephone:				
EDUCATIO	N:				
☐ High S	School/GED		College		Trade/Business/Correspondence
PRESENT E	EMPLOYMENT				
EMPLOYER:	:				
ADDRESS:					
BRIEFLY STA	ATE YOUR NOR	MAL D	UTIES: (plea	ase us	se additional sheets as necessary)
CERTIFICA	TION HISTORY	•			
Certification	issued by:				ably Tester or Cross-Connection Control Specialist BPA
					//_ Expiration Date://
					Contact Person
		-	•		ion/cross-connection control or related subjects,
including da	ites and instruct	or:			
Λro νου pro-	sently enrolled i				
	aining course?			ventio	on Assembly Tester or Cross-Connection Control
Specialist tra	aining course?	□ Ye	es 🗖 No		·
Specialist tra	raining course?	□ Ye	es 🗖 No		Course Title
Specialist tra If Yes, where Location	aining course? re?	□ Ye	es 🗖 No		·
Specialist tra If Yes, where Location Summarize I certify that California Ba I attest that Tester App NCBPA ma The NCBP	aining course? Te? any additional est I have read and ackflow Prevented I am 18 years-polication Fee is Seay provide my report of the control of the contr	experience d under tion As- old or \$100 ar and a	ence you have restand the essociation's older at the and is non-ron a list of distrator may	ave what application is applicated to the control of the control o	Course Title Instructor's Name nich qualifies you for certification: eation instructions and RULES governing the Northern ication program. I understand the following: of the examination date. Is able to determine the certification of the certification of the certification are insufficient for the certification.
Specialist tra If Yes, where Location Summarize I certify that California Ba I attest tha Tester App NCBPA ma I he NCBPA ma I understand	aining course? Te? any additional est I have read and ackflow Prevented I am 18 years-polication Fee is stay provide my report of the appeal production of the appeal production of the appeal production in the appeal production in the appeal production.	experied under tion Astronomy 5100 ame of the contract of the	ence you have sociation's older at the and is non-ron a list of constrator mayons stated in	ave when application applicati	Course Title Instructor's Name nich qualifies you for certification: eation instructions and RULES governing the Northern ication program. I understand the following: of the examination date. Is able to determine the certification of the certification of the certification are insufficient for the certification.

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:	□ Cross-Connection C	
NAME: Mr. Ms. (first, las	t)	
MAILING ADDRESS:		
		E: ZIP:
WORK PHONE ()	MESSA	GE PHONE ()
EMAIL	FAX N	UMBER ()
Preferred Test Date & Loca dates and locations):	ntion (Please contact NCBI	PA Certification Director for available
Test Date	& Test Location	
Payment method (check one):	l Personal Check □□ Masterc	ard □□ 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 ve	erification, please provide your FAX	K()
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 ☐ C	llege Trade/Business/Correspondence
PRESENT EMPLOYMENT	
EMPLOYER:	
JOB TITLE:	
BRIEFLY STATE YOUR NORMAL DUT	ES: (please use additional sheets as necessary)
CERTIFICATION HISTORY	
Certification issued by:	ention Assembly Tester or Cross-Connection Control Specialist WWA
•	
	Contact Person
	flow prevention/cross-connection control or related subjects,
	now provertion, or ode controller control or related edujecte,
Are you presently enrolled in a Back Specialist training course? Yes	ow Prevention Assembly Tester or Cross-Connection Control No
If Yes, where?	Course Title
	Instructor's Name
	you have which qualifies you for certification:
 California Backflow Prevention Asso I attest that I am 18 years-old or old Tester Application Fee is \$100 and NCBPA may provide my name on a 	list of certified Testers, unless I check the box below. tor may deem my qualifications are insufficient for the certification
	Data
Applicant Signature	Date



Application for Backflow Prevention Assembly Tester Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

INSTRUCTIONS TO APPLICANT 1. READ AND REVIEW THE CERTIFI-

- CATION RULES APPLICABLE TO YOUR DISCIPLINE. When you sign the Application, you will have stated in writing that you have done so.
- 2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. 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 legible.

Today's

4. Every application must be accompanied

Requested

- by the NON-REFUNDABLE 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 qualifications, per Section 10 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.

Requested

9. NOTIFICATION: All applicants will be notified of eligibility 14 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 MENTAL HEALTH CARE

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 AND FEE.

Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.

Date/ Exam Site	Exam Date//	Is this a retest?	Yes 🗌 No	
☐ New Tester ☐ Recertification ☐ Troublesho Current Backflow Prevention Assembly Tester Cert	<u> </u>		VISA MO	
Full Name		Credit Card #		
Print your name as you wish it to appear o		Name on Card: _		
Address				
CityS		Exp. Date:	V-	Code
		Signature:		
Phone: Home ()Work (
Cell () Fax ()			is your receipt.
Email		Credit car	d receipts will	be emailed.
If not a member, include a <u>paid</u> AWWA membership app	lication to get member discoun PRESENT EMPLOY	(2000)	e.	
Employer			ice	
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

PREVIOUS EXPERIENCE

List your job history below for the five years preceding present employment:

Date	Date	Total					
From	То	Years	Name	Addre	SS		Position
			EI	DUCATION			
List below th	e names of the	e schools, cities,	and states in which	ch you attended	Years	Date	Subjects Studied
					Attended	Graduated	Or Degree Earned
Hig	· -						
Scho	ool						
Colle	ege –	=					
Gradı	ıate						
Trade, Bu Correspo					-		
Correspo	ndence						
County/State	v			Number:			Issued:
b. Are you pr	esently enroll	ed in a Backflov	w/Cross-Connection	on course? Yes	☐ No		
If yes, Ple	ease indicate t	he name of the i	nstitution:				
Instructor'	's Name		Course Tit	le		No. of U	nits
	e any additions onal page if re	•	ou have which qua	lifies you for certifica	ation as a Ba	ckflow Prever	ntion Assembly Tester.
d. Please atta	ich a <u>current</u>	Job Descriptio	n.				· · · · · · · · · · · · · · · · · · ·
AWWA. I hathe judgment THIS APPLI	ve carefully ro of the admini CATION, I G	ead the applicati strator(s) that m RANT PERMIS	on instructions. I uy qualifications ar	e insufficient for the IV SECTION OF AV	e is NON-R grade of cer	REFUNDABL tification appli	E, and that it may be led for. "BY SIGNING
I certify that t	the above info	rmation given b	y me is true.	(Signature of app	alicont)		(Date)
				(Signature of apr	nicanti		(Date)

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 2 OF 2 Mail to: CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730 Fax to: (909) 481-4688 2013 © AWWA CA-NV Backflow Prevention Assembly Tester Proctor Handbook