

APPLICATION
Backflow Prevention Assembly Tester

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 	\$995	
2.	Optional: USC 10 th . edition Cross Control book <i>(upon advance request):</i>	\$135	
3.	NCBPA certification –Test fee	\$100	
Or			
	AWWA Certification – Test fee	\$305	
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.**

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.
- **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

Workshop Application Form

Class 10th 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.

Information & Rules also available at 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 Backflow Prevention Assembly Tester Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

Table with 3 columns: INSTRUCTIONS TO APPLICANT, NON-REFUNDABLE application fee, and SPECIAL REQUEST FOR TAKING THE EXAM.

Today's Date / / Requested Exam Site Requested Exam Date / / Is this a retest? D Yes D No

D New Tester D Recertification D Troubleshooting D 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

Credit Card information form including fields for VISA MC AMEX, Credit Card#, Name on Card, Amount to Charge, Exp. Date, V-Code, and Signature.

Note: Your cancelled check is your receipt. redit 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.

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

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)