APPLICATION Backflow Prevention Assembly Tester

DATE:	Workshop	_/ test date: _	
LOCATIO	N:, California		
	Item Description	Cost	Select options
1	Certification Workshop class 40 hrs. • USC 10th. edition Cross Control procedure laminates for all devices and handouts • Contact hours certification	\$1295	
2	C. Optional: USC 10 ^{th.} edition Cross Control book (upon advance request):	\$185	
3	NCBPA certification –Test fee	\$245	
	Or	•	•
	AWWA Certification – Test fee	Pay direct to AWWA	
	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: 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.

dInformation & Rules also available at www.ncbpa.org

	 □ Backflow Prevention Assembly Tester □ Cross-Connection Control Specialist APPLICATION IS NEEDED FOR EACH CERTIFICATION 				
	NAME: Mr. Ms. (first, last)				
TVAIVIE. DIVII. DIVIS. (IIISI, IASI)					
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:	, CityZIP				
Name as it Appears on Card					
If you require credit card payment verif	ication, please provide your FAX ()				
Office Use Only: Exam Date:	Written Score:Performance Score: □ Pass / □ Fail				
Certificate number:Is	suance Date:Paid: □ Ck □ MC □ V □ Discover				

Applicant Name (last, first):	Work Telephone:
EDUCATION:	
☐ High School/GED ☐ College	☐ Trade/Business/Correspondence
PRESENT EMPLOYMENT	
EMPLOYER:	
ADDRESS:	
BRIEFLY STATE YOUR NORMAL DUTIES: (plea	ase use additional sheets as necessary)
CERTIFICATION HISTORY	
Certification issued by:	Seembly Tester or Cross-Connection Control Specialist 3 ABPA NCBPA Other:
	Contact Person
	evention/cross-connection control or related subjects,
including dates and instructor:	·
including dates and instructor.	
Annual Designation of the Control of	and in a Annual by Tantan and One of Commention Company
Specialist training course? Yes No	vention Assembly Tester or Cross-Connection Control
If Yes, where?	Course Title
	Instructor's Name
	ve which qualifies you for certification:
, <u> </u>	
NCBPA may provide my name on a list of certain and the second secon	ertified Testers, unless I check the box below. deem my qualifications are insufficient for the certification
Applicant Signature	Date
NOTE: If you DO NOT wish to have your no	ame published by NCBPA, please check this box \rightarrow

California-Nevada Section, American Water Works Association

Application for Backflow Prevention Assembly Tester (BPAT) Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

1. READ AND REVIEW THE CERTIFICATION CANDIDATE HANDBOOK APPLICABLE TO YOUR DISCIPLINE. When you sign the

Application, you will have stated in writing that you have done so and agree to comply.

- 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 qualifications.
- Please type or print to ensure your answers are legible.

- 4. Every application must be accompanied by the <u>NON-REFUNDABLE</u> application fee. Please make check or money order payable to: CA-NV AWWA.
- Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.
- 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 the Candidate Handbook.
- 7. Refer to applicable program policies for appeals procedures.
- 8. The application must reach the Section office 20 calendar days prior to the requested exam date.

- NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar</u> <u>days</u> prior to the requested 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 ON THE
 REQUEST FOR TESTING
 ACCOMMODATIONS FORM. THIS
 FORM MUST ACCOMPANY YOUR
 APPLICATION AND FEE.

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

Submission Date Requested I	Reciprocity Request Retake Request	
	/_/	Reinstatement Request
	Tester No:	•
AWWA Membership #:	Credit Card Type:	
Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.	Name on Card: Amount to Charge: \$ Exp. Date: Signature:	<i>MM/YY)</i> V-Code
	Receipt: Email:	Phone:
•	as it appears on your governmen	•
City	StateZ	p
Phone: Home ()/	Work ()	/
Cell ()/_	Email:	

Note: A <u>NON-REFUNDABLE</u> Application Fee of \$285.00 for AWWA Members or \$305.00 for non-members is due and must be included with each completed application. To receive the member discount, please list the individual or company **AWWA Membership above.** If not a member, you may include a <u>paid</u> membership application to use the <u>member</u> discount.

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 OF 3

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

Fax to: CA-NV Section, AWWA Certification Program (909) 481-4688

Email to: <u>GEnriquez@ca-nv-awwa.org</u>

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PRESENT EMPLOYMENT

Employer			Length of Service					
Address								
T 1 (TC'-1	Number		Street	(City	State	Zip	
Job Title Briofly state ve			itional sheet if neces					
briefry state yo	our morman dun	es (attach add	itional sheet if neces	ssary)				
			(Please attach sheet	if more space is n	required)			
			PREVIOUS	S EXPERIENC	E			
			ears preceding pro	esent employmen	nt:			
Date	Date	Total					5	
From	То	Years	Name	Addr	ess		Position	
			EDU	CATION				
List below the	e names of the	schools, cities	, and states in which		Years	Date	Subjects Studied	
					Attended	Graduated	Or Degree Earned	
High								
Scho	ol							
Colle	ge							
Gradu	ate							
Trade, Bu	siness,							
Correspon	ndence							
I currently hold	l a Backflow P	revention Asse	embly Tester Certifi	cate issued by:				
County/State:T		ype:	Number:		Dat	e Issued:		
a. Training in C	Cross-Connecti	on Control an	d related subjects					
	-		/Cross-Connection of					
			ıtion:					
					No. of Units			
	•	-	-	•			ention Assembly Tester.	
Use additional	page if require	d						

ALL APPLICANTS MUST INCLUDE A CURRENT JOB DESCRIPTION

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 2 OF 3

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

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Email to: GEnriquez@ca-nv-awwa.org

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I have carefully read the **Candidate Handbook and related Policies** governing the Backflow Prevention Assembly Tester certification by the California-Nevada Section of the American Water Works Association. 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 AWWA TO RELEASE MY NAME, CERTIFICATION NUMBER AND CERTIFICATION EXPIRATION"

I certify that the above information given by me is true.		
	(D. (.)	
(Signature of applicant)	(Date)	

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 3 OF 3

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

Fax to: CA-NV Section, AWWA Certification Program (909) 481-4688 Email to: <u>GEnriquez@ca-nv-awwa.org</u>

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