

APPLICATION  
**Backflow Prevention Assembly Tester - Refresher**

DATE: Workshop \_\_\_\_\_ / test date: \_\_\_\_\_

LOCATION: \_\_\_\_\_, California

	Item Description	Cost	Select options
1.	Certification Workshop class 12 hrs. <ul style="list-style-type: none"> <li>• USC 10th. edition Cross Control procedure laminates for all devices and handouts</li> <li>• Contact hours certification</li> </ul>	\$450	
2.	<b>Optional:</b> USC 10th. edition Cross Control book <i>(upon advance request)</i>	\$185	
3.	NCBPA certification – Test fee	\$245	
Or			
	AWWA Certification – Test fee	\$340	
<b>Total Cost</b>			

**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.
- **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](http://www.awwa.org).
- **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](mailto:ncbpacustserv@yahoo.com)

**Workshop Application Form**

Class 10<sup>th</sup> edition test procedures.

Backflow Tester Recertification

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 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 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)

## Backflow RP & DC 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  V  Discover

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION  
BACKFLOW RP & DC 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     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 →**

# 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)

**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 →**

California-Nevada Section, American Water Works Association  
**Application for Backflow Prevention Assembly  
 Tester (BPAT) Certification**

**PLEASE READ INSTRUCTIONS BELOW FIRST**

<p><b>INSTRUCTIONS TO APPLICANT</b></p> <p>1. <u>READ AND REVIEW THE CERTIFICATION CANDIDATE HANDBOOK APPLICABLE TO YOUR DISCIPLINE.</u> When you sign the Application, you will have stated in writing that you have done so and agree to comply.</p> <p>2. <u>READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</u> 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.</p> <p>3. Please type or print to ensure your answers are legible.</p>	<p>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.</p> <p>5. Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.</p> <p>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.</p> <p>7. Refer to applicable program policies for appeals procedures.</p> <p>8. The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date.</p>	<p>9. NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar days</u> prior to the requested exam date.</p> <p>10. <u>SPECIAL REQUEST FOR TAKING THE EXAM:</u> 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. <u>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING ON THE REQUEST FOR TESTING ACCOMMODATIONS FORM.</u> THIS FORM MUST ACCOMPANY YOUR APPLICATION AND FEE.</p> <p>Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Submission Date \_\_\_\_\_ Requested Exam Sites / Dates  
 \_\_\_/\_\_\_/\_\_\_ 1) \_\_\_\_\_ / /  
 2) \_\_\_\_\_ / /

- Reciprocity Request
- Retake Request
- Reinstatement Request

Backflow Prevention Assembly Tester No: \_\_\_\_\_

AWWA Membership #: \_\_\_\_\_

**Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.**

**Credit Card Type:** \_\_\_\_\_

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

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

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

Exp. Date: \_\_\_\_\_ (MM/YY) V-Code \_\_\_\_\_

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

Receipt: Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name \_\_\_\_\_  
*Print your name as it appears on your government issued picture ID*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_/\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_/\_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_/\_\_\_\_\_ **Email:** \_\_\_\_\_

Note: A **NON-REFUNDABLE** 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 paid membership application to use the member 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: [GEnriquez@ca-nv-awwa.org](mailto:GEnriquez@ca-nv-awwa.org)**

**PRESENT EMPLOYMENT**

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

Address \_\_\_\_\_  
 Number Street City State Zip

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

Briefly state your normal duties (attach additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*(Please attach sheet if more space is required)*

**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 \_\_\_\_\_

***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**

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

**Email to: [GEnriquez@ca-nv-awwa.org](mailto:GEnriquez@ca-nv-awwa.org)**

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.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)