

APPLICATION
Cross Connection Control Specialist

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 	\$1,175	
2.	Optional: USC 10th. edition Cross Control book <i>(upon advance request)</i>	\$155	
3.	NCBPA certification –Test fee	\$100	
Or			
	AWWA Certification – Test fee	Check awwa website	
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 of test fee to AWWA at (909) 481-4688
- Please fill in Exam Date and Place.
- **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

Workshop Application Form

Class 10th edition test procedures.

Cross Connection Specialist

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

<p>Applying for the following: <input type="checkbox"/> Backflow Prevention Assembly Tester <input type="checkbox"/> Cross-Connection Control Specialist</p> <p style="text-align: center;">NOTE: A SEPARATE APPLICATION IS NEEDED FOR EACH CERTIFICATION</p>
--

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</p> <p>Certificate number: _____ Issuance Date: _____ Paid: <input type="checkbox"/> Ck <input type="checkbox"/> MC <input type="checkbox"/> V <input type="checkbox"/> Discover</p>

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 Cross-Connection Control Specialist Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

<p>INSTRUCTIONS TO APPLICANT</p> <p>1. READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR APPLICATION. When you sign the Application, you will have stated in writing that you have done so.</p> <p>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.</p> <p>3. Please type or print to ensure your answers are legible.</p> <p>4. Every application must be accompanied</p>	<p>by the NON-REFUNDABLE application fee. Please make check or money order payable to: CA-NV Section, AWWA.</p> <p>5. Upon completion, mail the application to the Section office.</p> <p>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 2 of the Rules.</p> <p>7. Refer to applicable program rules for appeals and protest procedures.</p> <p>8. The application must reach the Section office 20 days prior to the exam date.</p> <p>9. NOTIFICATION: All applicants will be notified of eligibility 20 days prior to the exam date.</p>	<p>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 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.</p> <p>Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
---	--	---

Today's Date ___/___/___ Requested Exam Site _____ Requested Exam Date ___/___/___

New Renewal

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 (___J___/___) Work (___J___/___)

Cell (___J___/___) Fax (___J___/___)

Email _____

D Reinstatement Request

Circle One: VISA MC AMEX

Credit Card# _____

Name on Card: _____

Amount to Charge: \$ _____

Exp. Date: _____ V-Code _____

Signature: _____

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

Please Note: A **NON-REFUNDABLE** Application Fee of \$135.00 for AWWA Members/\$155.00 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** membership application to get **member** discount or pay **non-member**

PRESENT EMPLOYMENT

Employer _____ Length of Service _____

Address _____
Number Street City State Zip

Job Title _____ Number of Service Connections _____

Briefly state your normal duties _____

(Please attach sheet if more space is required)

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

2013 © AWWA CA-NV Backflow Prevention Assembly Tester Proctor Handbook

**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				

- a. Are you presently making Cross-Connection Control Inspections? Yes No
- b. Number of years engaged in Cross-Connection Control work _____
- c. Training in Cross-Connection Control and related subjects _____

- d. Are you presently enrolled in a Cross-Connection course? Yes No School _____
 Instructor's Name _____ Course Title _____ No. of Units _____
- e. Summarize any additional experience you have which qualifies you for certification as a Cross-Connection Control Specialist.
 Use additional page if required _____

f. Please attach a current Job Description.

I have carefully read the **Rules** governing Cross-Connection Control Specialist 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)

CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION - PAGE 2 OF 2