

APPLICATION
Cross Connection Control Specialist-Refresher

DATE: Workshop _____ / test date: _____

LOCATION: _____, California

	Item Description	Cost	Select options
1.	Certification Workshop class 40 hrs. <ul style="list-style-type: none"> • 10th. edition Cross Connection Control handouts • UPC procedure laminates • Contact hours certification 	\$450	
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 for 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 -Refresher

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.

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 →

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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