APPLICATION

/ test date:

Cross Connection Control Specialist-Refresher

OCATIO	N:, California		
	Item Description	Cost	Select options
	Certification Workshop class 40 hrs.		
1.	 10th. edition Cross Connection Control handouts UPC procedure laminates Contact hours certification 	\$450	
2.	Optional: USC 10th. edition Cross Control book (upon advance request)	\$185	
3.	NCBPA certification –Test fee	\$100	
	Or		•
	AWWA Certification – Test fee	check awwa website	
	Total Cost		

Enrollment Procedure:

NCBPA Certification Application Procedure.

Workshop

- 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

DATE:

- 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 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.

dInformation & 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:	STAT	E: ZIP:					
WORK PHONE ()	MESSA	GE PHONE ()					
EMAIL	FAX NU	MBER ()					
Preferred Test Date & Locati dates and locations):	on (Please contact NCBF	PA Certification Direc	ctor for available				
Test Date	& Test Location		_				
Payment method (check one): □ P	ersonal Check □□ Mastercard	d □□ Visa □□ Discover					
Credit Card #		Expiration Dat	e				
Billing address of Credit Card:							
Name as it Appears on Card							
If you require credit card payment veri	fication, please provide your FAX	Z ()					
Office Use Only: Exam Date:	Written Score:	Performance Score	: □ Pass / □ Fail				
Certificate number:	ssuance Date:	_Paid: □ Ck □ MC □ V □	l Discover				

Applicant Name (last, first):	Work Telephone:				
EDUCATION:					
☐ High School/GED ☐ College ☐	☐ Trade/Business/Correspondence				
PRESENT EMPLOYMENT					
EMPLOYER:					
ADDRESS:					
BRIEFLY STATE YOUR NORMAL DUTIES: (please	e use additional sheets as necessary)				
CERTIFICATION HISTORY	combly Tester or Cross Connection Control Consciolist				
Certification issued by:	sembly Tester or Cross-Connection Control Specialist				
	ABPA				
Certificate #Date Issued	//				
	Contact Person				
	vention/cross-connection control or related subjects,				
including dates and instructor:					
Are you presently enrolled in a Backflow Preve Specialist training course? Yes No	ention Assembly Tester or Cross-Connection Control				
If Yes, where?	Course Title				
Location					
Summarize any additional experience you have	e which qualifies you for certification:				
California Backflow Prevention Association's ce I attest that I am 18 years-old or older at the te Tester Application Fee is \$100 and is non-refe NCBPA may provide my name on a list of cer	fundable rtified Testers, unless I check the box below. deem my qualifications are insufficient for the certification.				
Applicant Signature	Date				
· · · · · · · · · · · · · · · · · · ·	me published by NCBPA, please check this box $ ightarrow$				

California-Nevada Section, American Water Works Association

10. SPECIAL REQUEST FOR

- American Water Works Association
-1-1Callforn1a-Nevada Section

INSTRUCTIONS TO APPLICANT

Application for Cross-Connection Control Specialist Certification

PLEASE READ INSTRUCTIONS BELOWFIRST

by the NO -REFU D BLE

TAKING THE EXAM: If you have a I. READ AND REVIEW THE CERTIFIapplication fee. Please make check CATION RULES APPLICABLE TO or money order payable to: CA-NV disability that restricts your ability to YOR DICEPLIE. When you sign Section, AWWA. take a test under standard conditions, you 5. Upon completion, mail the applicathe Application, you will have stated in may request special testing arrangements tion to the Section office. at the time of application. SPECIAL writing that you have done so. 2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE 6. Completed applications will be TESTING REQUESTS MUST BE reviewed by the Administrator for SUBMITTED IN WRITING BY A APPLJQ TION. An incomplete or improperly prepared application will be returned. Questions not Certification eligibility. A completed RECOGNIZED HEALTH CARE OR application includes all requested PROVIDERIAINALIM LIST STRATE the nature of information, and proof of qualiflcations, per Section 2 of the Rules. the disability, the type ofspecial testing applicable mark N/A. All others should 7. Refer to applicable program rules for requirements needed and contact be answered as completely as possible in information for both the provider and the appeals and protest procedures. order to allow the Administrator to make applicant. THIS REQUEST 8. The application must reach the an accurate evaluation of your MUST ACCOMPANY YOUR credentials. Section office 20 days prior to the APPLICATION. exam date. 3. Please type or print to ensure your Should you have any questions, contact the 9. NOTIFICATION: All applicants will answers are legible. California-Nevada section, AWWA office at be notified of eligibility 20 days prior 4. Every application must be accompanied (909) 481-7200, fax (909) 481-4688. to the exam date. D Reinstatement Request Todav's Requested Requested Date___/___ Exam Site Exam Date / Circle One: VISA MC AMEX D New DRenewal Credit Card# Current Backflow Prevention Assembly Tester Certification No.: Name on Card: Full Name————— ——,-Amount to Charge: \$ Print your name as you wish it to appear on the certificate Exp. Date: V-Code ____ Address City_____State Zip Signature: Phone: Home (_____ / ___ Work (____ / ___ / ___ Note: Credit card receipt, ill be emailed. For Cell (_____ Fax (____J ______ 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** LengthofService Number of Service Connections____ Job Title Briefly state your normal duties______

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

Faxto: CA-NV Section, AWWA Certification Program (909) 481-4688 2013© AVWVA CA-NV Backflow Prevention Assembly Tester Proctor Handbook

(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:

			78 F-				
Date	Date	Total					
From To		Years	ears Name Addre		ess		Position
			EDU	CATION			
List below the	e names of the	schools, cities,	and states in which y	ou attended	Years	Date	Subjects Studied
			-		Attended	Graduated	Or Degree Earned
Hig	h						
Scho	ol						
Colle	ge						
	-						
Gradu	ate				1		
Trade, Bu	siness,						
Correspon							
b. Number of	f years engaged	d in Cross-Con	ction Control Inspecti nection Control work nd related subjects _				
d. Are you pi	esently enrolle	ed in a Cross-C	Connection course?0	Yes O No	School		
			Course Title_				
e. Summarize	e any additiona	al experience yo	ou have which qualifi	es you for certifica	ation as a Cro		
f. Please atta	ich a <u>current</u> .	Job Description	on.				
I have careful judgment of the THIS APPLICATE	ly read the app ne administrate CATION, I GR TION NUMBE	lication instructor(s) that my quant PERMIS R AND CERT	tions. I understand nalifications are insuft SION FOR CA-NV S IFICATION EXPIRA	that my fee is NO l ficient for the grad SECTION OF AW	N-REFUND e of certifica	ABLE , and the tion applied for	or. "BY SIGNING
I certify that t	he above infor	mation given b	y me is true.				

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

(Signature of applicant)

(Date)