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 <u>ncbpacustserv@yahoo.com.</u>

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:	STATE: ZIP:		
WORK PHONE ()	MESSAGE PHONE ()		
EMAIL	FAX NUMBER ()		
Preferred Test Date & Location dates and locations):	on (Please contact NCBPA Certification Director for available		
Test Date	& Test Location		
Payment method (check one):	Personal Check 🔲 Mastercard 🔲 Visa 🔲 Discover		
Credit Card #	Expiration Date		
Billing address of Credit Card:	, City ZIP		
If you require credit card payment verif	ication, please provide your FAX ()		
Office Use Only: Exam Date:	Written Score: Performance Score: Pass / Fail		
	Issuance Date: Paid: □ Ck □ MC □ V □ Discover		

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCATION CONSOLIDATED CERTIFICATION APPLICATION

Page 2 of 2

Applicant Name (last, first):		Work Telephone:		
EDUCATION:				
High School/GED College		Trade/Business/Correspondence		
PRESENT EMPLOYMENT				
EMPLOYER:				
BRIEFLY STATE YOUR NORMAL DUTIES: (ple	ase us	e additional sheets as necessary)		
	۸			
I currently hold a valid Backflow Prevention , Certification issued by:	Assen	hbly Tester or Cross-Connection Control Specialist		
•		BPA 🗖 NCBPA 🗖 Other:		
		// Expiration Date:///		
		Contact Person		
		ion/cross-connection control or related subjects,		
•		•		
Are you presently enrolled in a Backflow Pre Specialist training course?	ventic	on Assembly Tester or Cross-Connection Control		
If Yes, where?		Course Title		
		Instructor's Name		
		hich qualifies you for certification:		
California Backflow Prevention Association's • I attest that I am 18 years-old or older at th • Tester Application Fee is \$100 and is non- • NCBPA may provide my name on a list of	s certil e time refunc certifie	e of the examination date. lable		
I understand the appeal process as stated in				
Applicant Signature		Date		
-				

NCBPA PO Box 6177, Vallejo, CA 94591 Fax (707) 649-0429 Office (707) 731-4239 Email <u>custserv@ncbpa.org</u>