

APPLICATION  
**Backflow Prevention Assembly Tester**

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

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

	Item Description	Cost	Select options
1.	Certification Workshop class 40 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>	\$1295	
2.	<b>Optional:</b> USC 10 <sup>th</sup> . 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 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 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 21 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.

New Backflow Tester Certification

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.

# California Rural Water Association/Northern California Backflow Prevention Association General Backflow Assembly Tester Certification Application

(Version Date 10/01/2024)



## 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 testing fee. Please make the \$245.00 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)

### General Backflow Assembly Tester Certification 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: <input type="checkbox"/> Pass / <input type="checkbox"/> Fail
Certificate number: _____	Issuance Date: _____	Paid: <input type="checkbox"/> Ck <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover

CALIFORNIA RURAL WATER ASSOCIATION/NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCIATION  
GENERAL BACKFLOW ASSEMBLY TESTER CERTIFICATION 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     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 →**