Northern California Backflow Prevention Association
General Backflow Assembly Tester

(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 custservice@norcalbpa.org

Information & Rules also available at www.norcalbpa.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: ☐ Pass / ☐ Fail

Certificate number: _____ Issuance Date: _____ Paid: ☐ Ck ☐ MC ☐ Visa ☐ Discover

NORTHERN CALIFORNIA BACKFLOW PREVENTION ASSOCATION
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 <u>DO NOT</u> wish to have your name published by NCBPA, please check this box → ❒

NCBPA ♦ PO Box 6177, Vallejo, CA 94591 ♦ Fax (707) 649-0429 ♦ Office (707) 731-4239 ♦ Email custservice@norcalbpa.org