



Application for Backflow Prevention Assembly Tester Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

<p><i>INSTRUCTIONS TO APPLICANT</i></p> <p>1. READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE. When you sign the Application, you will have stated in writing that you have done so.</p> <p>2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. An incomplete or improperly prepared application will be returned. Questions not applicable mark N/A. All others should be answered as completely as possible in order to allow the Administrator to make an accurate evaluation of your credentials.</p> <p>3. Please type or print to ensure your answers are legible.</p> <p>4. Every application must be accompanied</p>	<p>by the NON-REFUNDABLE application fee. Please make check or money order payable to: CA-NV Section, AWWA.</p> <p>5. Upon completion, mail the application to the Section office.</p> <p>6. Completed applications will be reviewed by the Administrator for Certification eligibility. A completed application includes all requested information, <u>and</u> proof of qualifications, per Section 10 of the Rules.</p> <p>7. Refer to applicable program rules for appeals and protest procedures.</p> <p>8. The application must reach the Section office 20 days prior to the exam date.</p> <p>9. NOTIFICATION: All applicants will be notified of eligibility 14 days prior to the exam date.</p>	<p>10. SPECIAL REQUEST FOR TAKING THE EXAM: If you have a disability that restricts your ability to take a test under standard conditions, you may request special testing arrangements at the time of application. SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR MENTAL HEALTH CARE PROVIDER and must state the nature of the disability, the type of special testing requirements needed and contact information for both the provider and the applicant. THIS REQUEST MUST ACCOMPANY YOUR APPLICATION AND FEE.</p> <p>Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Today's Date ___/___/___ Requested Exam Site _____ Requested Exam Date ___/___/___ Is this a retest? Yes No

New Tester Recertification Troubleshooting Hands-On

Current Backflow Prevention Assembly Tester Certification No.: _____

Full Name _____

Print your name as you wish it to appear on the certificate

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Email _____

Circle One: VISA MC AMEX

Credit Card # _____

Name on Card: _____

_____ Amount to Charge: \$ _____

Exp. Date: _____ V-Code _____

Signature: _____

Note: Your cancelled check is your receipt.
Credit card receipts will be emailed.

Please Note: A **NON-REFUNDABLE** Application Fee of **\$180.00** for AWWA Members/ **\$200.00** 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 AWWA membership application to get member discount or pay non-member fee.

PRESENT EMPLOYMENT

Employer _____ Length of Service _____

Address _____

Number _____ Street _____ City _____ State _____ Zip _____

Job Title _____

Briefly state your normal duties _____

(Please attach sheet if more space is required)

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BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 OF 2

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

Fax to: (909) 481-4688 Revised: August 2013

2009 ©CA-NV AWWA Backflow Prevention Assembly Tester Proctor Handbook-Updated April 6, 2009

Section 10-3

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				

I currently hold a Backflow Prevention Assembly Tester Certificate issued by:

County/State: _____ Type: _____ Number: _____ Date Issued: _____

a. Training in Cross-Connection Control and related subjects _____

b. Are you presently enrolled in a Backflow/Cross-Connection course? Yes No
 If yes, Please indicate the name of the institution: _____
 Instructor's Name _____ Course Title _____ No. of Units _____

c. Summarize any additional experience you have which qualifies you for certification as a Backflow Prevention Assembly Tester.
 Use additional page if required _____

d. Please **attach a current Job Description.**

I have carefully read the **Rules** governing Backflow Prevention Assembly Tester 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)