

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 NCBPA 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 →