

California-Nevada Section, American Water Works Association  
**Application for Backflow Prevention Assembly  
 Tester (BPAT) Certification**

**PLEASE READ INSTRUCTIONS BELOW FIRST**

<p><b>INSTRUCTIONS TO APPLICANT</b></p> <p>1. <u>READ AND REVIEW THE CERTIFICATION CANDIDATE HANDBOOK APPLICABLE TO YOUR DISCIPLINE.</u> When you sign the Application, you will have stated in writing that you have done so.</p> <p>2. <u>READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</u> 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 qualifications.</p> <p>3. Please type or print to ensure your answers are legible.</p>	<p>4. Every application must be accompanied by the <u>NON-REFUNDABLE</u> application fee. Please make check or money order payable to: CA-NV AWWA.</p> <p>5. Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.</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 the Candidate Handbook.</p> <p>7. Refer to applicable program policies for appeals procedures.</p> <p>8. The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date.</p>	<p>9. NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar days</u> prior to the requested exam date.</p> <p>10. <b>SPECIAL REQUEST FOR TAKING THE EXAM:</b> 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. <u>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING ON THE REQUEST FOR TESTING ACCOMMODATIONS FORM.</u> THIS FORM MUST ACCOMPANY YOUR APPLICATION AND FEE.</p> <p>Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Submission Date    Requested Exam Site    Requested Exam Date     Reciprocity Request  
 \_\_\_/\_\_\_/\_\_\_    \_\_\_\_\_    \_\_\_/\_\_\_/\_\_\_     Retake Request  
 Backflow Prevention Assembly Tester No: \_\_\_\_\_     Reinstatement Request

AWWA Membership #: \_\_\_\_\_  
 Email ID: \_\_\_\_\_

**Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.**

<p><b>Credit Card Type:</b> _____</p> <p>Credit Card # _____</p> <p>Name on Card: _____</p> <p>Amount to Charge: \$ _____</p> <p>Exp. Date: _____ (MM/YY) V-Code _____</p> <p>Signature: _____</p>
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Full Name \_\_\_\_\_  
*Print your name as you wish it to appear on the certificate*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_    Work (\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_    Fax (\_\_\_\_) \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: A **NON-REFUNDABLE** Application Fee of **\$285.00** for AWWA Members or **\$305.00** for non-members is due and must be included with each completed application. To receive the member discount, please list the individual or company **AWWA Membership above**. If not a member, you may include a paid membership application to use the member discount.

**PRESENT EMPLOYMENT**

Employer \_\_\_\_\_ Length of Service \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City State Zip

Job Title \_\_\_\_\_

Briefly state your normal duties (attach additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Please attach sheet if more space is required)*

**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 \_\_\_\_\_

\_\_\_\_\_

***ALL APPLICANTS MUST INCLUDE A CURRENT JOB DESCRIPTION***

**BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 2 OF 3**

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

**Fax to: CA-NV Section, AWWA Certification Program (909) 291-2100**

**Email to: [GEnriquez@ca-nv-awwa.org](mailto:GEnriquez@ca-nv-awwa.org)**

I have carefully read the **Candidate Handbook and related Policies** governing the Backflow Prevention Assembly Tester certification by the California-Nevada Section of the American Water Works Association. 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 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)