California-Nevada Section, American Water Works Association

Application for Backflow Prevention Assembly Tester (BPAT) Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

INSTRUCTIONS TO APPLICANT

- 1. READ AND REVIEW THE
 CERTIFICATION CANDIDATE
 HANDBOOK APPLICABLE TO YOUR
 DISCIPLINE. When you sign the
 Application, you will have stated in writing
 that you have done so.
- 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 qualifications.
- Please type or print to ensure your answers are legible.

- 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.
- Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.
- 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.
- 7. Refer to applicable program policies for appeals procedures.
- 8. The application must reach the Section office 20 calendar days prior to the requested exam date.

- NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar</u> <u>days</u> prior to the requested exam date.
- 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 ON THE
 REQUEST FOR TESTING
 ACCOMMODATIONS FORM. THIS
 FORM MUST ACCOMPANY YOUR
 APPLICATION AND FEE.

Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.

//	1)2)		Watch for an email from — CandidateSupport to schedule			
Backflow Prevention	n Assembly Teste	No:	your 'written' exam portion.			
AWWA Membership #: Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.		Credit Card #				
		Name on Card:				
		Receipt: Email:	Phone	»:		
P	rint your name	as it appears on your go	overnment issued picture ID			
City		State	Zip			
Phone: Home (Work ()/			
Cell (_)/_	Email:				

Note: A <u>NON-REFUNDABLE</u> Application Fee of \$320.00 for AWWA Members or \$340.00 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 <u>paid</u> membership application to use the <u>member</u> discount.

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 1 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) 481-4688

 ${\bf Email\ to:\ \underline{GEnriquez@ca-nv-awwa.org}}$

PRESENT EMPLOYMENT

Employer	loyer					Length of Service			
Address									
T 1 (TC'-1	Number		Street	(City	State	Zip		
Job Title Briofly state ve			itional sheet if neces						
briefry state yo	our morman dun	es (attach add	itional sheet if neces	.sary)					
			(Please attach sheet	if more space is n	required)				
			PREVIOUS	EXPERIENC	E				
			ears preceding pro	esent employmen	nt:				
Date	Date	Total							
From	То	Years	Name	Addr	Address Position		Position		
			EDU	CATION					
List below the	e names of the	schools, cities	, and states in which		Years	Date	Subjects Studied		
					Attended	Graduated	Or Degree Earned		
High									
Scho	ol								
Colle	ge								
Gradu	ate								
Trade, Bu	siness,								
Correspon	ndence								
I currently hold	l a Backflow P	revention Asse	embly Tester Certific	cate issued by:					
County/State: _	ounty/State:Type:Numb		Number:	:Date Issued:					
a. Training in C	Cross-Connecti	on Control an	d related subjects						
	-		/Cross-Connection o						
			ıtion:						
Instructor's NameCourse Title									
	•	-	•	•			ntion Assembly Tester.		
Use additional	page if require	d							

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) 481-4688

Email to: 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)							

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATION APPLICATION – PAGE 3 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) 481-4688

Email to: GEnriquez@ca-nv-awwa.org

2022 © CA-NV AWWA Revised: November 2022