

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, (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. **Final exam results will be reported to each Candidate within a targeted 30 business days after the last portion of the exam is completed.**

"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)