



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

PLEASE READ INSTRUCTIONS BELOW FIRST

INSTRUCTIONS TO APPLICANT

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.
2. **READ ALL THE QUESTIONS BEFORE COMPLETING THE APPLICATION. An incomplete or improperly prepared form 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.
3. Please type or print to ensure your answers are legible.
4. Every application must be accompanied by the **NON-REFUNDABLE** examination fee. Please make check or money order payable to: **CA-NV Section, AWWA.**
5. Upon completion, mail the application to the program administrator.
6. Applicants who submit satisfactory evidence of experience or education for the grade of certification requested will be notified of the time and place of examination.
7. Refer to applicable program rules for appeals and protest procedure.
8. The application must reach the Section office **30 days** prior to the exam date.
9. **SPECIAL REQUEST FOR TAKING EXAM: IF YOU HAVE A DISABILITY THAT RESTRICTS YOUR ABILITY TO TAKE A TEST UNDER STANDARD CONDITIONS, YOU MAY REQUEST SPECIAL TESTING ARRANGEMENTS. YOUR REQUEST MUST ACCOMPANY YOUR APPLICATION.**

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

Today's Date ___/___/___ Requested Exam Site _____ Requested Exam Date ___/___/___

New Tester Recertification Troubleshooting Hands-On

Current Backflow Prevention Assembly Tester Certificate No.: _____

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

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ / _____ Work (____) _____ / _____
 Fax (____) _____ / _____ Fax (____) _____ / _____
 Email _____

DO NOT WRITE IN THIS SPACE

Paid Amount _____

Personal Check # _____ Company Check # _____

Credit Card: MC Visa AMEX

Exam Date _____

Written Score _____

Performance Score _____

Certificate No. _____

Expires _____

Please Note: A **NON-REFUNDABLE** Application Fee of **\$60.00** is due and must be included with each completed application.

PRESENT EMPLOYMENT

Employer _____ Length of Service _____

Address _____

	Number	Street	City	State	Zip
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Job Title _____

Briefly state your normal duties _____

(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 Backflow/Cross-Connection Control and related subjects _____

b. Are you presently enrolled in a Backflow/Cross-Connection course? Yes No School _____
 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 _____

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 judgement of the administrator(s) that my qualifications are insufficient for the grade of certificate applied for.

I certify that the above information given by me is true. _____
(Signature of applicant) (Date)