

2025 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 YOU DISCIPLINE. When you sign the Application, you will have stated in with that you have done so. 2. READ ALL INSTRUCTIONS BEFT COMPLETING THE APPLICATION incomplete or improperly prepared application will be returned. Question applicable mark N/A. All others show answered as completely as possible if order to allow the Administrator to r an accurate evaluation of your qualifications. 3. Please type or print to ensure your ans are legible. 	 5. 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, and proof of qualifications per the Candidate Handbook. 7. Refer to applicable program policies for appeals procedures. 8. The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date. 	 9. NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar 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. <u>SPECIAL</u> <u>TESTING REQUESTS MUST BE</u> <u>SUBMITTED IN WRITING ON THE</u> <u>REQUEST FOR TESTING</u> <u>ACCOMMODATIONS FORM</u>. THIS FORM MUST ACCOMPANY YOUR APPLICATION AND FEE. Should you have any questions, contact the CA-NV AWWA office at (909) 481-4688.
-	on Exam Site / Date Options different locatio	rtion of the exam will be delivered by computer at a n. WATCH for an email from CandidateSupport nr "written" exam portion.
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	No:	
	Credit Card Type:	
AWWA Membership #:	Credit Card #	
	Name on Card:	
Note: Credit card	Amount to Charge: \$	
<u>receipts will be emailed.</u>	Exp. Date:(<i>MM/YY</i>)	V-Code
<u>For checks, your</u> <u>cancelled check is your</u>	Signature:	
<u>receipt.</u>	-	
	Receipt: Email:	Phone:
	as it appears on your government issued	I picture ID
City	StateZip	
	Work () /	
Cell () /	Email:	
must be included with each completed a AWWA Membership above. If not a n	ation Fee of \$340.00 for AWWA Members or \$3 application. To receive the member discount, plea nember, you may include a <u>paid</u> membership app	ase list the individual or company lication to use the <u>member</u> discount.

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: <u>GEnriquez@ca-nv-awwa.org</u>

PRESENT EMPLOYMENT

Employer			Length	Length of Service		
	Number	Street	City	State	Zip	
Job Title			_			
Briefly state	your normal duties (a	ttach additional sheet if necessa	ary):			
	•		•			

(Please attach sheet if more space is required)

PREVIOUS EXPERIENCE

List your job history below for the five years preceding present employment:

Date	Date	Total			
From	То	Years	Name	Address	Position

EDUCATION

List below the names of the schools, cities, and states in which you attended			Date	Subjects Studied		
		Attended	Graduated	Or Degree Earned		
High						
School						
College						
Graduate		-				
Trade, Business,						
Correspondence						
I currently hold a Backflow	v Prevention Assembly Tester Certificate issued by:					
County/State:	Type: Number	r: Date Is		ate Issued:		
a. Training in Cross-Connection Control and related subjects						

b. Are you presently enrolled in a Backflow/Cross-Connection course? Yes	s No
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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 Teste	r.
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)