



# B&L BACKFLOW TESTING SPECIALISTS, LLC

## 2018 CLASS SCHEDULE

## REGISTRATION FORM

Please fax registration form to #775.201.0005 or email us at: [office@bandlbackflow.com](mailto:office@bandlbackflow.com)

### 40 HR. CERTIFICATION CLASS \$900

February	5th - 9th	Reno
Apr-May	30th - 4th	Reno
August	20th - 24th	Reno
November	5th - 9th	Carson

\* AWWA STATE EXAM WILL BE ON SATURDAY

### 8 HR. RE-CERTIFICATION CLASS \$295

January	5th	Reno
March	2nd	Reno
April	13th	Reno
June	29th	Reno
July	27th	Reno
September	7th	Reno
October	5th	Reno
December	7th	Reno

\* AWWA STATE EXAM WILL BE ON SATURDAY

### 40 Hr. CROSS-CONNECTION CONTROL \$925

November	26th - 30th	Vegas
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\* AWWA STATE EXAM WILL BE ON FRIDAY

### 10 HR. REPAIR WORKSHOP \$185

September	24th	Carson
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**PRIVATE CLASSES:** Call for a quote

#### LOCATIONS:

**Reno Class:** 3055 Longley Ln, Reno NV, 89502

**Carson Class:** 3505 Butti Wy, Carson City, NV 89701

**Vegas Class:** 1001 S. Valley View Blvd. Las Vegas, NV 89153

CLASS DATE: \_\_\_\_\_

STUDENT FULL NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_ (Required)

AWWA LICENSE No.: \_\_\_\_\_ Exp.: \_\_\_\_\_ (Required only for current testers)

COMPANY NAME: \_\_\_\_\_  SELF EMPLOYED

COMPANY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ALT. CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**» IMPORTANT:** Each applicant MUST apply directly to AWWA for the exam. Exam fee is \$200 for non-members & \$180 for members. If you have any questions about the exam, please contact AWWA at # (909)-291-2100 - (916) 889-8465 or e-mail [genriquez@ca-nv-awwa.org](mailto:genriquez@ca-nv-awwa.org)

**I understand that it is my responsibility to apply for AWWA's Exam.**

**PAYMENT INFORMATION** Registration will not be processed without payment:

Visa  Discover  Mastercard  American Express  Check Payable to B&L Backflow Testing, P.O. Box 4867, Incline Village, NV 89450

NAME ON CARD: \_\_\_\_\_

CREDIT CARD No.: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ V-CODE: \_\_\_\_\_

AMOUNT TO CHARGE: \_\_\_\_\_

\*Fees are **NON-REFUNDABLE**. Request for transfers are based on availability.

AUTHORIZED SIGNATURE: \_\_\_\_\_

IF YOU NEED A RECEIPT PLEASE PROVIDE AN E-MAIL ADDRESS BELOW: \_\_\_\_\_