

# 2019 CLASS SCHEDULE

## 40 Hr. Backflow Tester Certification Course \$965

- January 07-11 Reno 8:00 to 5:00 AWWA Exam: 01/12/2019
- March 04-08 Reno 8:00 to 5:00 AWWA Exam: 03/09/2019
- Sept - Oct 30-04 Carson 8:00 to 5:00 AWWA Exam: 10/05/2019
- December 02-06 Reno 8:00 to 5:00 AWWA Exam: 12/07/2019

Reno Location: 3055 Longley Lane, Reno, NV 89502  
 Carson Location: 3505 Butti Way, Carson City, NV 89701

## 8 Hr. Backflow Re-Certification Course \$310

- January 25 Reno 8:00 to 5:00 AWWA Exam: 01/26/2019
- February 22 Reno 8:00 to 5:00 AWWA Exam: 02/23/2019
- April 12 Reno 8:00 to 5:00 AWWA Exam: 04/13/2019
- May 03 Reno 8:00 to 5:00 AWWA Exam: 05/04/2019
- July 26 Reno 8:00 to 5:00 AWWA Exam: 07/27/2019
- September 20 Reno 8:00 to 5:00 AWWA Exam: 09/21/2019
- December 13 Reno 8:00 to 5:00 AWWA Exam: 12/14/2019

Reno Location: 3055 Longley Lane, Reno, NV 89502

## 40 Hr. Cross-Connection Control Specialist Course \$985

- November 18-22 Carson 8:00 to 5:30 AWWA Exam: 11/22/2019

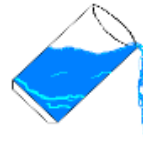
Carson Location: 3505 Butti Way, Carson City, NV 89701

## 9 Hr. Repair Workshop \$200

- Add to the Certification or Recertification course for \$165
- September 09 Carson 7:00 to 5:00 No Exam

Carson Location: 3505 Butti Way, Carson City, NV 89701

Private Classes: Call for more information



# B&L BACKFLOW TESTING SPECIALISTS, LLC

## REGISTRATION FORM

Please fax registration form to #775.201.0005 or email us at:  
 office@bandbackflow.com

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

Each applicant MUST apply directly to AWWA for the exam 20 DAYS PRIOR TO EXAM DATE - NO EXCEPTIONS | \$200 for non-members & \$180 for members.

If you have any questions about the exam, please contact Gina Enriquez at # (909)-291-2100 - (916) 889-8465 or genriquez@ca-nv-awwa.org

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

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

STUDENT E-MAIL: \_\_\_\_\_ \*Required

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

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

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

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

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

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

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

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

- Check - Make check payable to B&L Backflow Testing, P.O. Box 4867, Incline Village, NV 89450

- Online Payment available, please provide email address:

\_\_\_\_\_

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

CREDIT CARD No.: \_\_\_\_\_  Visa  Mastercard

EXP. DATE: \_\_\_\_\_ V-CODE: \_\_\_\_\_  Discover  American Express

AMOUNT TO CHARGE: \_\_\_\_\_  Add Repair workshop for \$165

I understand by providing the information above, B&L Backflow Testing Specialists, LLC is authorized to charge this credit card.

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

Email for receipt to be sent: \_\_\_\_\_