

# 2020 CLASS SCHEDULE

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

- January 27-31 Reno 8:00 to 5:00 AWWA Exam: 02/1/2020
- March 02-06 Reno 8:00 to 5:00 AWWA Exam: 03/07/2020
- September 21-25 Reno 8:00 to 5:00 AWWA Exam: 09/26/20
- Nov - Dec 30-04 Reno 8:00 to 5:00 AWWA Exam: 12/05/2020

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 10 Reno 8:00 to 5:00 AWWA Exam: 01/11/20
- February 07 Reno 8:00 to 5:00 AWWA Exam: 02/08/20
- August 28 Reno 8:00 to 5:00 AWWA Exam: 08/29/20
- October 16 Reno 8:00 to 5:00 AWWA Exam: 10/17/20
- November 13 Reno 8:00 to 5:00 AWWA Exam: 11/14/20
- December 11 Reno 8:00 to 5:00 AWWA Exam: 12/12/20

Reno Location: 3055 Longley Lane, Reno, NV 89502

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

- November 16-20 TBD 8:00 to 5:30 AWWA Exam: 11/20/2020

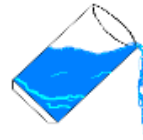
Carson Location: 3505 Butti Way, Carson City, NV 89701

## 9 Hr. Repair Workshop \$200

- September 14 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 |

General Backflow Tester: \$305.00 Non Members \$285.00 Members

Cross-Connection Specialist: \$230.00 Non Members \$210.00 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:

- 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: \_\_\_\_\_

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

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: \_\_\_\_\_

**Credit Card Renewal Form**  
**(Please fill form out COMPLETELY)**

**Please indicate below what certificate(s) you are renewing:**

___ Water Distribution:	Certificate No: _____	Grade: _____
___ Water Treatment:	Certificate No: _____	Grade: _____
___ Laboratory Analyst:	Certificate No: _____	Grade: _____
___ Cross Connection Control Specialist:	Certificate No: _____	Grade: _____
___ Water Use Efficiency:	Certificate No: _____	Grade: _____
___ Backflow Prevention Tester Recertification Exam		

**Certificate No:** \_\_\_\_\_ **Requested Exam Date:** \_\_\_\_\_ **Exam Site:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Have you changed your name?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, please attach copies of supporting documents i.e., certificates, court documents, etc.**

Replacement Wallet Card: \$5.00

**Employer** \_\_\_\_\_

Replacement Wall Certificate: 5.00

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

<b>Certification Pricing</b>	<b>Member</b>	<b>Non-member</b>
<b>Advanced Water Treatment Operator</b>		
<b>Backflow Prevention Assembly Tester Exam Fee</b>	<b>\$285</b>	<b>\$385</b>
<b>Cross – Connection Control Specialist Exam Fee</b>	<b>\$210</b>	<b>\$230</b>
Cross – Connection Control Specialist Renewal	\$100	\$120
<b>Water Distribution Operator Exam Fee: Grade 1 – Grade 4</b>	<b>\$260</b>	<b>\$285</b>
Water Distribution Operator Renewal: Grade 1 – Grade 4	\$85	\$105
<b>Water Quality Laboratory Analyst Exam Fee: Grade 1 – Grade 4</b>	<b>\$280</b>	<b>\$305</b>
Water Quality Laboratory Analyst Renewal: Grade 1 – Grade 4	\$75	\$95
<b>Water Treatment Operator Exam Fee: Grade 1 – Grade 4</b>	<b>\$190</b>	<b>\$215</b>
Water Treatment Operator Renewal: Grade 1 – Grade 4	\$85	\$105
<b>Water Use Efficiency Practitioner Exam Fee: Grade 1-3</b>	<b>\$255</b>	<b>\$275</b>
Water Use Efficiency Practitioner Renewal: Grade 1 – Grade 3	\$100	\$120

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

**Circle Credit Card Type:**    **Visa**    **Master Card**    **American Express**

**Name of Cardholder:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **V-CODE** \_\_\_\_\_ (It will be a 3 or 4 digit number on the back of the card)

**Exp. Date** \_\_\_\_\_ **Total Amount to Charge:\$** \_\_\_\_\_

**AWWA Membership #:** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_

**Mail to:** CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730

**Fax to:** CA-NV Section, AWWA Certification Program (909) 481-4688

**Email to:** [genriquez@ca-nv-awwa.org](mailto:genriquez@ca-nv-awwa.org)

**Table A**  
**Required Continuing Education Contact Hours**  
**for Certificate Renewal**

<b><i>Cross-Connection Control Specialist (Sec.4)</i></b>	<b><i>Contact Hours Required</i></b>
Certificate	12
<b><i>Distribution Operators/Associates , Treatment Operators/Associates Water Quality Lab Analysts/Water Use Efficiency Practitioners</i></b>	<b><i>Contact Hours Required</i></b>
Grade 1	12
Grade 2	16
Grade 3	24
Grade 4	24



**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, AWWA Certification Program (909) 481-4688**

**Email to: [GEnriquez@ca-nv-awwa.org](mailto: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.

"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)