

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

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 Carson 8:00 to 5:00 AWWA Exam: 08/28/20 Same Day
 - August* 29 Carson 8:00 to 5:00 AWWA Exam: 08/29/20 Same Day
 - September* 11 Carson 8:00 to 5:00 AWWA Exam: 09/11/20 Same Day
 - September* 14 Carson 8:00 to 5:00 AWWA Exam: 09/14/20 Same Day
 - 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
- Carson Location: 1510 N. Carson Street, Carson City, NV 89701

*Class & Exam on the same day

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

- November 16-20 Carson 8:00 to 5:30 AWWA Exam: 11/20/2020
- Carson Location: 3505 Butti Way, Carson City, NV 89701



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: _____