



American Backflow Prevention Association Cross-Connection Control Specialist Certification Program



INSTRUCTIONS TO SPECIALIST APPLICANT

1. Read all questions before completing the application. An incomplete or improperly prepared form will be returned. Questions not applicable mark N/A, all others should be answered as completely as possible to allow the Administrator to make an accurate evaluation of your credentials.

2. Please type or print to ensure your application is legible.

3. Every application must be accompanied with a non-refundable payment. Please make the \$75 (US Dollar) check, money order, or credit card (MC, V, Dis-

cover, American Express - see below) payable to: A.B.P.A.

4. Mail the completed application and payment to the address on this form or if paying by credit card you may FAX to: (979) 846-7607.

5. Applicants who submit satisfactory evidence of experience or education will be notified regarding the time and location of the examinations.

6. Special Request for taking examination: Should you have a disability that

restricts your ability to take an exam under standard conditions, you may request special testing arrangements. Your request must accompany your application.

Should you have any questions contact the A.B.P.A Specialist Certification Administrator at: (877) ABPA127 (227-2127) or certification@abpa.org.

*Information & Rules also available
at
www.abpa.org*

**American Backflow Prevention Association Specialist Certification Program
P.O. Box 3051, Bryan, TX 77805-3051**

Mr. Mrs. Miss Ms. _____
CIRCLE PLEASE PRINT YOUR FULL NAME AS YOU WISH IT TO APPEAR ON THE CERTIFICATE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____ FAX () _____

EMAIL _____

Official Use Only

Exam Date: ___/___/___

Written Score: _____%

Certificate No. S___-_____

Issuance Date __/__/__

Paid CK# _____ Bank# _____

CC: MC V DIS AMEX MO

Preferred Test Date & Location per the ABPA website

Test Date _____ & Test Location _____

PRESENT EMPLOYMENT

EMPLOYER _____

ADDRESS _____ City _____ State _____ Zip _____

JOB TITLE _____ LENGTH OF EMPLOYMENT _____

BRIEFLY STATE YOUR NORMAL DUTIES _____

Check One: Mastercard Visa Discover American Express

Credit Card # _____ Expiration Date _____

Name as it Appears on Card _____

If you require credit card payment verification, please provide your FAX (_____) _____ - _____

EDUCATION

List below the name of the school, City and state in which you attended	Years Attended	Date Graduated	Subjects studied Or Degree Earned
High School			
College			
Trade, Business Correspondence			

Qualifications / Requirements (must meet one of the following options):

- Option 1: A & B;
 Option 2: A & C;
 Option 3: D
 Recertification

A. Backflow Prevention Assembly Tester Certification

Current ABPA Backflow Prevention Assembly Tester Certification:

Certificate # _____ Expiration Date __ / __ / __

B. Training: Have you taken, or are you presently enrolled in, a Cross-Connection Control Specialist training course? Yes No

If Yes, Training Provider _____ Course Title _____

Location _____ Instructor's Name _____

C. Experience: Summarize your minimum of two (2) years experience which qualifies you for certification:

(Attach additional page if necessary)

D. Experience: Summarize your minimum of five (5) years documented experience performing Cross Connection Control Specialist duties (as per the ABPA Cross-Connection Control Specialist Need to Know Criteria) which qualifies you for certification. In addition, list employment you wish ABPA to consider for Specialist qualifications, include job description and contact information of supervisor and provide two (2) references that ABPA may contact, please include all contact information:

(Attach additional page if necessary)

I have carefully read and understand the application instructions and RULES governing the American Backflow Prevention Association's Certification of Cross-Connection Control Specialist. I understand the following:

- Specialist Application Fee is \$75, and is non-refundable
- My name may be included on a list of certified Specialist published by the ABPA, unless I check this box → Do not publish my name
- It may be the judgment of the Administrator that my qualifications are insufficient for the certification applied for.

In any event, ABPA liability will be limited to the application fee. I certify that the above information given by me is true.

Applicant Signature _____ Date _____