

APPLICATION FOR APPOINTMENT  
AS A CROSS-CONNECTION  
CONTROL SPECIALIST  
EXAMINATION MONITOR



**SPECIALIST EXAMINATION MONITOR APPLICATION**

1. Please type or print to insure your application is legible.
2. Mail or Fax the completed application to the address below.
3. Should you have any questions contact the ABPA Specialist

Certification Program Administrator at:

**American Backflow Prevention Association (ABPA)  
Specialist Certification Program  
P.O. Box 91082,  
Los Angeles, CA 90009**

**Phone/FAX: 877-ABPA-127  
(877-227-2127)  
Email: ehavlinaxc@aol.com**

*Information & Rules available  
at  
[www.abpa.org](http://www.abpa.org)*

**American Backflow Prevention Association Specialist Certification Program**  
***Fax/Mail To: American Backflow Prevention Association Specialist Certification Program***  
P.O. Box 91082, Los Angeles, CA 90009 Ph/FAX 877-ABPA-127 (877-227-2127)

Name \_\_\_\_\_ Ph (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_ Ph (\_\_\_\_\_) \_\_\_\_\_

Work Address \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I agree to administer the examination according to the requirements contained in the ABPA Rules  
I have no conflict of interest regarding the administration of this examination  
I agree to comply with the responsibilities as set forth in the Examination Monitor Check off Sheet  
I agree to protect the integrity and security of the ABPA examination

**I certify that the above information given by me is true.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_