

# American Backflow Prevention Association Cross-Connection Control Specialist Certification Program

## *Prospective Examination Date Notification*

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**INSTRUCTIONS:**

1. Please type or print legibly.
2. The Training Provider must request an ABPA test date more than 60 days before the examination. The ABPA Cross-Connection Control Specialist Rules require that the Administrator provide written recognition of the examination date at least sixty (60) days prior to the examination.
3. The Training Provider must use this form in order to request an ABPA examination date. This form will

initiate a review by the Administrator to determine if ABPA can administer a certification examination on a particular date(s) and location(s). If the ABPA Specialist examination can be coordinated for the requested date(s) and location(s), the Administrator will confirm in writing to the Training Provider. If the date and location cannot be scheduled, then the Administrator will provide in writing the closest scheduled alternative test date(s) and location(s).

4. Fax or mail the completed application to the Administrator.

All communication regarding this request shall be directed to the Administrator. Should you have any questions contact the ABPA Specialist Certification Administrator at:

*American Backflow Prevention Association  
Specialist Certification Program  
P.O. Box 3051  
Bryan, TX 77805-3051  
Phone (877)ABPA-127 (227-2127)  
FAX (979) 846-7607  
Email: certification@abpa.org*

***Fax/Mail To: American Backflow Prevention Association Specialist Certification Program  
P.O. Box 3051, Bryan, TX 77805-3051 Ph (877) ABPA-127 (227-2127) FAX (979) 846-7607***

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Proposed Date(s) and Location(s) for Cross-Connection Control Specialist Examination

Written Examination

Date \_\_\_\_\_

Time \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor(s) of Record \_\_\_\_\_

Number of Applicants \_\_\_\_\_

*NOTE: Examination Monitor will be assigned by the Administrator*

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*Official Use Only*

Received \_\_\_\_\_ Confirmed \_\_\_\_\_ Number of Applicants \_\_\_\_\_

Examinations scheduled for:

Date(s) & Time(s) Requested above

Alternate Date: \_\_\_\_\_ Location \_\_\_\_\_

Time: \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

\_\_\_\_\_

NOTE: Any change of date or location requires a minimum notice of 30 days. Any change in the number of applicants, or cancellation of exam must be received by the Administrator at least 14 calendar days prior to examination date.