

Backflow Certification Course

DECEMBER 5 - 7, 2008

offered by

Plumbing-Heating-Cooling Contractors Association
of Northern Virginia (PHCC of NV)



General Information

The Backflow Certification Course, taught by Jim Yacovissi, meets requirements for backflow certification in Maryland, WSSC and Virginia. This course includes classroom instruction and a wet lab. Class size is limited to 15.

Candidates for a Virginia backflow certification card will be required to sit for the state exam following successful completion of this course. Candidates for initial certification must complete the entire 3-day course. Candidates for recertification must attend the second day of the full course to receive credit.

Date, Time and Location,

Dec 5 - 7, 2008 7:30 a.m. - 5:30 p.m. each day
PMPV Training Facility at SERVPRO of North Prince William Co.
14879 Persistence Drive, Woodbridge, VA 22191

Price

Full 3-Day Course: \$450 for PHCC and ACCA members; \$600 for non-members
1-Day Recertification Class: \$200 for PHCC and ACCA members; \$250 for non-members

Reservations and Payment

Enroll NOW! Space is limited to the first 15 people enrolled! **Reservations MUST be received no later than 10 days prior to the class start date.** No refunds or cancellations will be accepted, but substitutions may be made. No exceptions. **Complete this page and fax to (800) 947-7415 or mail with class fee to PHCC of Northern Virginia, P.O. Box 6143, Suffolk, VA 23433.** Questions? Contact Amanda Kamide at (703) 494-7378.

Name: _____ Company: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____ Fax: _____

Select Your Class:

_____ Dec 5 - 7 -- Full Course _____ Dec 6 -- Recertification

Are you a member of the following organization(s)? Check all that apply.

_____ PHCC of No. Va. _____ Metro DC PHCC _____ ACCA-NCC

Method of Payment:

_____ Check _____ American Express _____ MasterCard _____ Visa

Card Number: _____ Exp Date: _____ CID# _____ (3 digits on back)

Name on Card: _____ Auth. Signature: _____

Billing Address (If Different from Above) : _____