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| NEW YORK STATE DEPARTMENT OF HEALTH – DST-NY, LLCCROSS CONNECTION CONTROL BACKFLOW PREVENTION DEVICE TESTER CERTIFICATION COURSE |

PHONE 516-586-3840 (WEBSITE DSTOFNY.COM) EMAIL ADDRESS (DSTOFNY@GMAIL.COM)

CERTIFICATION AND RENEWAL NEW YORK STATE BACKFLOW PREVENTION DEVICE TESTER

**COURSE HELD AT 1177 SUNRISE HIGHWAY COPIAGUE, NY 11726**

 **32 HOUR 4 DAY CERTIFICATION COURSE 8 HOUR 1 DAY RENEWAL CLASS**

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| OCT 7, 8, 9, 10 2024 MONDAY-THURSDAY 8AM-4PM | AUGUST 27, 2024 TUESDAY 8AM-4PM |
| NOV 18, 19, 20, 21 2024 MONDAY-THURSDAY 8AM-4PM | OCT 1, 2024 TUESDAY 8AM-4PM |
| DEC 16, 17, 18, 19 2024 MONDAY-THURSDAY 8AM-4PM | NOV 26, 2024 TUESDAY 8AM-4PM |
| JAN 13, 14, 15, 16 2025 MONDAY-THURSDAY 8AM-4PM | DEC 3, 2024 TUESDAY 8AM-4PM |
| FEB 24, 25, 26, 27 2025 MONDAY-THURSDAY 8AM-4PM | JAN 7, 2025 TUESDAY 8AM-4PM |
|  | FEB 19, 2025 WEDNESDAY 8AM-4PM |
|  | MARCH 4, 2025 TUESDAY 8AM-4PM |
|  | APRIL 8, 2025 TUESDAY 8AM-4PM |
|  | MAY 6, 2025 TUESDAY 8AM-4PM |

SPECIFY COURSE SCHEDULE FOR 4 DAY CERTIFICATION COURSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIFY COURSE SCHEDULE FOR 1 DAY RENEWAL COURSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE INITIAL\_\_\_\_ LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH MONTH\_\_\_\_\_\_\_\_\_\_\_/DAY\_\_\_\_\_\_\_\_\_\_/YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_\_

WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS FOR CONFIRMATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF SUBMITTING FOR RENEWAL GIVE REGISTRATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4 DAY 32 HOUR COURSE $995.00**

**1 DAY 8 HOUR RENEWAL CLASS $360.00 RENEWAL**

**BE SURE TO MAKE A COPY OF REGISTRATION FORM FOR YOURSELF**

**IF PAYING BY CHECK MAKE PAYABLE TO DST-NY, LLC MAIL CHECK & FORM TO PO BOX 235 BETHPAGE, NY 11714**

**DEPENDING WHEN RECEIVED AT POST OFFICE AND SEATING IS STILL AVIALABLE WE WILL EMAIL YOU A CONFIRMATION NUMBER.**

**IF PAYING BY CREDIT/DEBIT CARD CIRLCE IF BUSINESS CARD OR PERSONAL CARD EMAIL BACK FORM TO US.**

**DO NOT GIVE US YOUR CREDIT/DEBIT CARD INFO, WE WILL EMAIL YOU A CREDIT/DEBIT CARD INVOICE TO COMPLETE**

***THERE ARE NO REFUNDS ONCE CONFIRMATION # IS ISSUED, YOU MAY HOWEVER SWITCH TO ANOTHER CLASS.***

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_