

NEW YORK STATE DEPARTMENT OF HEALTH – DST-NY, LLC
 CROSS CONNECTION CONTROL BACKFLOW PREVENTION DEVICE TESTING CERTIFICATION COURSE

PHONE: (516)586-3840 • WEBSITE: DSTOFNY.COM • EMAIL: 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 CERTIFICATE COURSE		8 HOUR 1 DAY RENEWAL CLASS	
AUGUST 26-29 TH 2019	MON-THURS, 8AM-4PM	AUGUST 9, 2019	FRI, 8AM-4PM
OCTOBER 1-4 TH 2019	TUES-FRI, 8AM-4PM		
NOVEMBER 18-21 ST 2019	MON-THURS, 8AM-4PM	SEPTEMBER 10, 2019	TUES 8AM-4PM
		SEPTEMBER 24, 2019	TUES 8AM-4PM
		OCTOBER 7, 2019	MON, 8AM-4PM
		OCTOBER 22, 2018	TUES 8AM-4PM
		NOVEMBER 8, 2019	FRI, 8AM-4PM
		NOVEMBER 22, 2019	FRI, 8AM-4PM
		DECEMBER 9, 2019	MON, 8AM-4PM
		DECEMBER 20, 2019	FRI, 8AM-4PM

SPECIFY COURSE SCHEDULE FOR 4 DAY CERTIFICATION COURSE: _____

SPECIFY COURSE SCHEDULE FOR 1 DAY RENEWAL COURSE: _____

FIRST NAME: _____ LAST NAME: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

WORK PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

IF SUBMITTING FOR RENEWAL, REGISTRATION # : _____ EXPIRATION DATE: _____

- 4 DAY COURSE: \$800.00
- 1 DAY RENEWAL COURSE: \$350.00

**NOTE: REGISTRATION EXPIRATION DATE CANNOT BE MORE THAN 1 YEAR FOR RENEWAL
 BE SURE TO MAKE A COPY OF REGISTRATION FORM FOR YOURSELF**

CHECK IS MADE OUT TO DST-NY, LLC. MAIL TO: PO BOX 235, BETHPAGE, NY 11714

CONFIRMATION # WILL BE ISSUED UPON RECEIPT OF REGISTRATION FORM AND PAYMENT.

IF CLASS IS FULL YOU WILL BE NOTIFIED. REGISTRATIONS ARE BASED ON A FIRST COME, FIRST SERVE BASIS.

THERE ARE **NO** REFUNDS ONCE CONFIRMATION # IS ISSUED.

CANCELLATIONS AND DATE CHANGES MUST BE MADE WITHIN 4 BUSINESS DAYS OF YOUR SCHEDULED CLASS.

SIGNATURE: _____ DATE: _____