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

PHONE 516-586-3840 (WEBSITE DSTOFNY.COM) EMAIL ADDRESS ([DSTOFNY@GMAIL.COM](mailto: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**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  | JANUARY 12, 2021 TUESDAY 8AM-4PM |
| FEBRUARY 6, 13, 20, 22 2021 SAT-SAT-SAT-MONDAY 8AM-4PM | JANUARY 26, 2021 TUESDAY 8AM-4PM |
| MARCH 22, 23, 24, 25 2021 MONDAY-THURSDAY 8AM-4PM | FEBRUARY 9, 2021 TUESDAY 8AM-4PM |
| APRIL 19, 20, 21, 22 2021 MONDAY-THURSDAY 8AM-4PM | FEBRUARY 23, 2021 TUESDAY 8AM-4PM |
| MAY 17, 18, 19, 20 2021 MONDAY-THURSDAY 8AM-4PM | MARCH 2, 2021 TUESDAY 8AM-49M |
| JUNE 21, 22, 23, 24 2021 MONDAY-THURSDAY 8AM-4PM | MARCH 16, 2021 TUESDAY 8AM-4PM |

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

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

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TOWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_

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 COURSE $900.00**

**1 DAY RENEWAL CLASS $350.00, RENEWAL CLASS DOES INCLUDE PRACTICE TIME.**

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

**THERE ARE 2 PAYMENT MEDTHODS, CHECK OR CREDIT/DEBIT CARD.**

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

**IF PAYING BY CREDIT/DEBIT CARD CIRCLE IF IT IS A BUSINESS CARD OR PERSONAL CARD WITH NAME ON CARD BILLING ADDRESS AND PHONE NUMBER. E-MAIL TO** [**DSTOFNY@GMAIL.COM**](mailto:DSTOFNY@GMAIL.COM) **WE WILL THEN EMAIL YOU CREDIT CARD INVOICE TO COMPLETE ONCE INVOICE IS PAID WE WILL EMAIL YOU A CONFIRMATION NUMBER**

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

CONFIRMATION # WILL BE ISSUE UPON RECEIPT OF REGISTRATION FORM AND CHECK WHEN RECEIVED.

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

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

CANCELLATION MUST BE MADE 4 WORKING DAYS IN ADVANCE YOU CAN ALWAYS SWITCH TO THE NEXT AVAILABLE

CLASS.

**CREDIT/DEBIT CARDS VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS CALL US FOR CREDIT CARD PAYMENT (516-586-3840)**

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