



Application for Cross-Connection Control Specialist Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

<p><i>INSTRUCTIONS TO APPLICANT</i></p> <ol style="list-style-type: none"> 1. READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE. When you sign the Application, you will have stated in writing that you have done so. 2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. An incomplete or improperly prepared application will be returned. Questions not applicable mark N/A. All others should be answered as completely as possible in order to allow the Administrator to make an accurate evaluation of your credentials. Please type or print to ensure your answers are legible. Every application must be accompa- 	<p>nied by the NON-REFUNDABLE application fee. Please make check or money order payable to: CA-NV Section, AWWA.</p> <ol style="list-style-type: none"> 5. Upon completion, mail the application to the Section office. 6. Completed applications will be reviewed by the Administrator for Certification eligibility. A completed application includes all requested information, <u>and</u> proof of qualifications, per Section 2 of the Rules. 7. Refer to applicable program rules for appeals and protest procedures. 8. The application must reach the Section office 30 days prior to the exam date. 9. NOTIFICATION: All applicants will be notified of eligibility 20 days prior to the exam date. 	<p>10. SPECIAL REQUEST FOR TAKING THE EXAM: If you have a disability that restricts your ability to take a test under standard conditions, you may request special testing arrangements at the time of application. SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR MENTAL HEALTH CARE PROVIDER and must state the nature of the disability, the type of special testing requirements needed and contact information for both the provider and the applicant. THIS REQUEST MUST ACCOMPANY YOUR APPLICATION.</p> <p>Should you have any questions, contact the California-Nevada section, AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Today's Date ___/___/___ Requested Exam Site _____ Requested Exam Date ___/___/___

New Renewal

Current Backflow Prevention Assembly Tester Certification No.: _____

Full Name _____
Print your name as you wish it to appear on the certificate

Address _____

City _____ State _____ Zip _____

Phone: Home (____) ____/____ Work (____) ____/____

Fax (____) ____/____ Fax (____) ____/____

Email _____

Reinstatement Request

DO NOT WRITE IN THIS SPACE

Paid Amount _____

Personal _____ Company _____

Check# _____ Check# _____

Credit Card: __ MC __ Visa __ AMEX

Note: Your cancelled check or credit card statement is your receipt.

Please Note: A **NON-REFUNDABLE** Application Fee of **\$100.00** for AWWA Members/**\$120.00** for non-members is due and must be included with each completed application. To receive member discount, list individual or company AWWA member number # _____. If not a member, include a paid membership application to get member discount or pay non-member

PRESENT EMPLOYMENT

Employer _____ Length of Service _____

Address _____

Number _____ Street _____ City _____ State _____ Zip _____

Job Title _____ Number of Service Connections _____

Briefly state your normal duties _____

(Please attach sheet if more space is required)

PREVIOUS EXPERIENCE

List your job history below for the five years preceding present employment:

Date From	Date To	Total Years	Name	Address	Position

EDUCATION

List below the names of the schools, cities, and states in which you attended		Years Attended	Date Graduated	Subjects Studied Or Degree Earned
High School				
College				
Graduate				
Trade, Business, Correspondence				

- a. Are you presently making Cross-Connection Control Inspections? Yes No
- b. Number of years engaged in Cross-Connection Control work _____
- c. Training in Cross-Connection Control and related subjects _____

- d. Are you presently enrolled in a Cross-Connection course? Yes No School _____
 Instructor's Name _____ Course Title _____ No. of Units _____
- e. Summarize any additional experience you have which qualifies you for certification as a Cross-Connection Control Specialist.
 Use additional page if required _____

f. **Please attach a current Job Description.**

I have carefully read the **Rules** governing Cross-Connection Control Specialist certification by California-Nevada Section, AWWA. I have carefully read the application instructions. I understand that my fee is **NON-REFUNDABLE**, and that it may be the judgment of the administrator(s) that my qualifications are insufficient for the grade of certification applied for. "BY SIGNING THIS APPLICATION, I GRANT PERMISSION FOR CA-NV SECTION OF AWWA TO RELEASE MY NAME, CERTIFICATION NUMBER AND CERTIFICATION EXPIRATION"

I certify that the above information given by me is true. _____
(Signature of applicant) (Date)