

**APPLICATION FOR APPOINTMENT AS A  
CA-NV-AWWA CERTIFICATION EXAM PROCTOR**

**Choose Discipline:**    Water Distribution    Water Conservation  
                                  Water Quality Lab    Cross Connection  
                                  State of Nevada    All Disciplines

Name _____	SS# _____ - _____ - _____	Phone# (____) _____
Home Address _____		FAX# (____) _____
City _____	State _____	Zip _____
Employer _____	Title _____	Phone# (____) _____
Work Address _____		FAX# (____) _____
City _____	State _____	Zip _____

AWWA Membership No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CA-NV Water Distribution Operator Certification No. \_\_\_\_\_ Grade Level \_\_\_\_\_

Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other Certifications Held \_\_\_\_\_

List any CA-NV AWWA committees, divisions, or offices served. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other organizations to which you belong (*professional, technical, community, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied a proctoring opportunity? No\_\_ Yes\_\_. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state why you wish to serve as a proctor and why you believe you are qualified? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If granted Proctor status, I understand that I will not be allowed to take a certification exam for three years in the discipline for which I have Proctored. I certify that the above information is true to the best of my knowledge:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND COMPLETED APPLICATION TO: CA-NV Section, AWWA, 10574 Acacia St. Ste. D6  
Rancho Cucamonga, CA 91730    Office Phone 909-481-7200 Fax 909-481-4688**

**CA-NV Section, AWWA Office Use Only**

Certification Number \_\_\_\_\_ Grade \_\_\_\_\_ Current Yes \_\_\_ No \_\_\_

Other AWWA Certifications \_\_\_\_\_ Grade \_\_\_\_\_ Current Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Current Yes \_\_\_ No \_\_\_

AWWA Committees: \_\_\_\_\_

Other Organizations: \_\_\_\_\_

Proctor Denials: Yes \_\_\_ No \_\_\_ Organization: \_\_\_\_\_

Reason: \_\_\_\_\_

Committee Review

Approved: Yes \_\_\_ No \_\_\_ Expiration Date (two year term): \_\_\_\_\_

Denied: Yes \_\_\_ No \_\_\_

Reason: \_\_\_\_\_