

**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: _____
