



**CHANGE OF ADDRESS FORM**

**PERSONAL INFORMATION**

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Full name: \_\_\_\_\_

Change effective from: \_\_\_\_\_

Have you changed your name? Yes\_\_\_\_ No\_\_\_\_  
If yes, please attach copies of supporting documents i.e., certificates, court documents, etc.

**CURRENT POSTAL ADDRESS (P.O BOXES ARE ACCEPTABLE)**

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Street Number and Name: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone:: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Work Fax \_\_\_\_\_

**CERTIFICATION INFORMATION**

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Please indicate below which certificate(s) you are changing:

- |  |                       |              |
|--|-----------------------|--------------|
| <input type="checkbox"/> Water Distribution                | Certificate No: _____ | Grade: _____ |
| <input type="checkbox"/> Water Treatment                   | Certificate No: _____ | Grade: _____ |
| <input type="checkbox"/> Laboratory Analyst                | Certificate No: _____ | Grade: _____ |
| <input type="checkbox"/> Cross-Connection Control          | Certificate No: _____ | Grade: _____ |
| <input type="checkbox"/> Water Use Efficiency Practitioner | Certificate No: _____ | Grade: _____ |
| <input type="checkbox"/> Backflow Prevention Tester        | Certificate No: _____ | Grade: _____ |

**▼ SIGN HERE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign and date change of address form and mail or fax to:**

**Attn: Certification  
California-Nevada Section, AWWA  
10435 Ashford St.  
Rancho Cucamonga, CA 91730  
909-481-7200  
Fax: (909) 481-4688**