



Application for Water Distribution Operators/Associates Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

<p>INSTRUCTIONS TO APPLICANT</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 20 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 AND FEE.</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 ___/___/___ Reciprocity Request
 Reinstatement Request

Current Grade: _____ Current Certification: Associate Operator
 Current Certification No.: _____
 Grade Requested: _____ Certification Requested: Associate Operator
 Is this a retest? Yes No
 Full Name _____
Print your name as you wish it to appear on the certificate
 Address _____
 City _____ State _____ Zip _____
 Phone: Home (____) ____/____/____ Work (____) ____/____/____
 Cell (____) ____/____/____ Fax (____) ____/____/____
 Email _____

Circle One: VISA MC AMEX
 Credit Card # _____
 Name on Card: _____
 _____ Amount to Charge: \$ _____
 Exp. Date: _____ V-Code _____
 Signature: _____

Please Note: A **NON-REFUNDABLE** Application Fee of **\$120.00** for AWWA Members/**\$145.00** for non-members is due and must be included with each completed application. To receive member discount, list individual or company **AWWA Membership 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 _____

PRESENT EMPLOYER'S FACILITIES

Number of Customers _____ Daily Delivery (MGD): Average _____ Maximum _____
 Type of Agency: Public _____ Private _____ Other (Explain) _____
 We Sell: Wholesale _____ Retail _____ Domestic _____ Irrigation _____ Source of Water: Wells _____ Surface _____ Other (Explain) _____ Treatment Provided Water (if any): _____

WATER DISTRIBUTION CERTIFICATION APPLICATION – PAGE 1 OF 2 -CONTINUED ON REVERSE SIDE

Send to: CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730

PREVIOUS EXPERIENCE

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

Date From	Date To	Total Years	Name	Address	Position

EDUCATION

A COPY OF TRANSCRIPTS FOR CLASSES COMPLETED MUST BE ATTACHED

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 enrolled in a waterworks course? Yes No School _____
 Instructor's name _____ Course title _____ No. of Units _____
- b. Summarize any additional experience you have which qualifies you for certification as a Water Distribution Operator/Associate.
 Use additional page if required _____
- c. Do you currently hold a Professional Engineer Certificate? Yes No
 If yes, please complete the following: State _____ Type _____ Number _____ Date Issued _____
- d. Please attach a current Job Description.**

APPLICANTS FOR CERTIFICATION FOR GRADES II,III AND IV ONLY

You **must** attach a complete **ORGANIZATIONAL CHART** for your agency, or company, and indicate on the chart your present job. A current **JOB DESCRIPTION** for this position as issued by your employer must also be provided. Give at least three references as to your operation ability. (Supervisors, foreman, etc.)

Name	Address	Job Title
1 _____		
2 _____		
3 _____		

I have carefully read the **Rules** governing Water Distribution Operator/Associate 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.

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

