

APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY PROCTOR

PROCTOR **PROCTOR-IN-CHARGE** **PROCTOR TRAINER**

***Attach a resume and/or small biography for those seeking to be a Proctor-in-Charge**

Today's Date ___-___-___ Training Location _____ Training Date ___-___-___

Full Name _____

(Print your name as you wish it to appear on the proctor certificate)

Address _____ Apartment # _____

City _____ State _____ Zip _____-_____

Home (____) ____-_____ Fax (____) ____-_____

AWWA Membership number: _____ Expiration date: _____

Current Backflow Prevention Assembly Tester Certification No.: _____

Date of Certification: _____ Expiration Date: _____

Current Cross-Connection Specialist Certification No.: _____

Date of Certification: _____ Expiration Date: _____

Other certification held: _____

How many year(s) as an AWWA Proctor: _____

PRESENT EMPLOYMENT

Employer _____ Work (____) ____-_____

Address _____

City _____ State _____ Zip _____-_____

Job Title _____

List any California-Nevada, AWWA committees, division or office served: _____

Other organization 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 or a proctor-in-charge and why you believe you are qualified?

I certify that the above information is true to the best of my knowledge:

Signature _____ **Date** _____

Send to: CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730; Revised August 2013

CA-NV Section, AWWA Office Use Only

Certification Number: _____ Current Yes _____ No _____

Other AWWA Certifications _____ Grade _____ Current Yes _____ No _____

Grade _____ Current Yes _____ No _____

AWWA Committees: _____

Other Organizations: _____

Proctor Denials: Yes _____ No _____

Organization _____

Reason: _____

Review

Approved: Yes _____ No _____ Expiration Date _____

Denied: Yes _____ No _____

Reason: _____
