



# Application for Cross-Connection Control Specialist Certification

**PLEASE READ INSTRUCTIONS BELOW FIRST**

<p><i>INSTRUCTIONS TO APPLICANT</i></p> <p><b>1. READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE.</b> When you sign the Application, you will have stated in writing that you have done so.</p> <p><b>2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</b> 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.</p> <p>3. Please type or print to ensure your answers are legible.</p> <p>4. Every application must be accompanied</p>	<p>by the <b>NON-REFUNDABLE</b> application fee. Please make check or money order payable to: <b>CA-NV Section, AWWA.</b></p> <p>5. Upon completion, mail the application to the Section office.</p> <p>6. Completed applications will be reviewed by the Administrator for Certification eligibility. A completed application includes all requested information, and proof of qualifications, per <b>Section 2</b> of the Rules.</p> <p>7. Refer to applicable program rules for appeals and protest procedures.</p> <p>8. The application must reach the Section office <b>20 days</b> prior to the exam date.</p> <p>9. <b>NOTIFICATION:</b> All applicants will be notified of eligibility <b>20 days</b> prior to the exam date.</p>	<p><b>10. SPECIAL REQUEST FOR TAKING THE EXAM:</b> 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. <b>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR MENTAL HEALTH CARE PROVIDER</b> and <b>must</b> state the nature of the disability, the type of special testing requirements needed and contact information for both the provider and the applicant. <b>THIS REQUEST MUST ACCOMPANY YOUR APPLICATION.</b></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 \_\_\_/\_\_\_/\_\_\_

New  Renewal

Current Backflow Prevention Assembly Tester Certification 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 \_\_\_\_\_

Reinstatement Request

**Circle One: VISA MC AMEX**

Credit Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V-Code \_\_\_\_\_

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

**Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.**

Please Note: A **NON-REFUNDABLE** Application Fee of **\$135.00** for AWWA Members/**\$155.00** 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 \_\_\_\_\_ Number of Service Connections \_\_\_\_\_

Briefly state your normal duties \_\_\_\_\_

(Please attach sheet if more space is required)

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

**Fax to: CA-NV Section, AWWA Certification Program (909) 481-4688**

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PREVIOUS EXPERIENCE**

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

Date From	Date To	Total Years	Name	Address	Position

**EDUCATION**

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 making Cross-Connection Control Inspections?  Yes  No
- b. Number of years engaged in Cross-Connection Control work \_\_\_\_\_
- c. Training in Cross-Connection Control and related subjects \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. Are you presently enrolled in a Cross-Connection course?  Yes  No School \_\_\_\_\_  
 Instructor's Name \_\_\_\_\_ Course Title \_\_\_\_\_ No. of Units \_\_\_\_\_

- e. Summarize any additional experience you have which qualifies you for certification as a Cross-Connection Control Specialist.  
 Use additional page if required \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f. **Please attach a current Job Description.**

I have carefully read the **Rules** governing Cross-Connection Control Specialist 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. "BY SIGNING THIS APPLICATION, I GRANT PERMISSION FOR CA-NV SECTION OF AWWA TO RELEASE MY NAME, CERTIFICATION NUMBER AND CERTIFICATION EXPIRATION"

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

**CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION – PAGE 2 OF 2**

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