



California-Nevada Section

American Water Works Association

CHANGE OF ADDRESS FORM

PERSONAL INFORMATION

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)

Street Number and Name:

Apartment Number:

City:

State:

Zip code:

Home Phone::

Work phone:

Home Fax:

Work Fax

CERTIFICATION INFORMATION

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

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

▼ SIGN HERE

Signature:

Date:

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

Attn: Certification
California-Nevada Section, AWWA
10574 Acacia Street, Suite D6
Rancho Cucamonga, CA 91730
909-481-7200
Fax: (909) 481-4688