

Application for Water Quality Laboratory Analyst Certification

PLEASE READ INSTRUCTIONS BELOW FIRST

<p style="text-align: center;"><i>INSTRUCTIONS TO APPLICANT</i></p> <ol style="list-style-type: none"> 1. <u>READ AND REVIEW THE CERTIFICATION RULES APPLICABLE TO YOUR DISCIPLINE.</u> When you sign the Application, you will have stated in writing that you have done so. 2. <u>READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</u> 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. 3. Please type or print to ensure your answers are legible. 4. Every application must be accompanied 	<p>by the <u>NON-REFUNDABLE</u> 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. <u>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING BY A RECOGNIZED HEALTH CARE OR MENTAL HEALTH CARE PROVIDER</u> and <u>must</u> 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 No.: _____
 Grade Requested: _____ 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 _____

Lab Type: (check all that apply) Utility Commercial Potable Water Wastewater Other _____

Describe Laboratory Testing Procedures and Equipment:

Briefly state your normal duties (attach additional sheet if necessary)

WATER QUALITY LABORATORY ANALYST CERTIFICATION

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				

List other educational sources completed related to laboratory work or treatment technology such as vocational school, correspondence, armed services specialized courses, operator's short courses, business school, etc. Give date, name and duration of course and name of sponsoring organization. (Use additional sheet if necessary)

ALL APPLICANTS MUST INCLUDE A CURRENT JOB DESCRIPTION

IS YOUR LABORATORY STATE CERTIFIED? Yes No

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 Quality Laboratory Analyst 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)