

**PLEASE READ INSTRUCTIONS BELOW FIRST**

<p><b>INSTRUCTIONS TO APPLICANT</b></p> <p>1. <b>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>2. <b>READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</b> An incomplete or improperly prepared form 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> examination 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, <u>and</u> 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>10. <b>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 AND FEE.</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 \_\_\_/\_\_\_/\_\_\_

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: \_\_\_\_\_

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

**Administrator's Signature of Approval:** \_\_\_\_\_

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

(Please attach sheet if more space is required)

**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 enrolled in a waterworks course?  Yes  No School \_\_\_\_\_  
 Instructor's name \_\_\_\_\_ Course title \_\_\_\_\_ No. of Units \_\_\_\_\_

b. List waterworks courses satisfactorily completed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Summarize any additional experience you have which qualifies you for certification as a Water Use Efficiency Level II or III. Use additional page if required \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Please attach a current Job Description.

I have carefully read the **Rules** governing Water Use Efficiency 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)