



# Application for Water Distribution Operators/Associates Certification

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 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>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:  Associate  Operator  
 Current Certification No.: \_\_\_\_\_  
 Grade Requested: \_\_\_      Certification Requested:  Associate  Operator  
 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 \_\_\_\_\_

**PRESENT EMPLOYER'S FACILITIES**

Number of Customers \_\_\_\_\_ Daily Delivery (MGD): Average \_\_\_\_\_ Maximum \_\_\_\_\_  
 Type of Agency: Public \_\_\_\_\_ Private \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
 We Sell: Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Domestic \_\_\_\_\_ Irrigation \_\_\_\_\_ Source of Water:  
 Wells \_\_\_\_\_ Surface \_\_\_\_\_ Other (Explain) \_\_\_\_\_ Treatment Provided Water (if any): \_\_\_\_\_

**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				

- a. Are you presently enrolled in a waterworks course?  Yes  No School \_\_\_\_\_  
 Instructor's name \_\_\_\_\_ Course title \_\_\_\_\_ No. of Units \_\_\_\_\_
- b. Summarize any additional experience you have which qualifies you for certification as a Water Distribution Operator/Associate.  
 Use additional page if required \_\_\_\_\_
- c. Do you currently hold a Professional Engineer Certificate?  Yes  No  
 If yes, please complete the following: State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_
- 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 Distribution Operator/Associate 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)