

**Credit Card Renewal By Fax Form**  
**(Please fill form out COMPLETELY)**

**Please indicate below what certificate(s) you are renewing:**

___ Water Distribution:	Certificate No: _____	Grade: _____
___ Water Treatment:	Certificate No: _____	Grade: _____
___ Laboratory Analyst:	Certificate No: _____	Grade: _____
___ Cross Connection Control Specialist:	Certificate No: _____	Grade: _____
___ Water Use Efficiency:	Certificate No: _____	Grade: _____

\_\_\_ **Backflow Prevention Tester Recertification Exam**

**Certificate No:** \_\_\_\_\_ **Requested Exam Date:** \_\_\_\_\_ **Exam Site:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Have you changed your name?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Address:** \_\_\_\_\_

**If yes, please attach copies of supporting documents i.e., certificates, court documents, etc.**

**City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Replacement Wallet Card: \$5.00

**Employer** \_\_\_\_\_

Replacement Wall Certificate: 5.00

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_

<b>Certification Pricing</b>	<b>Member</b>	<b>Non-member</b>
<b>Backflow Exam Fee</b>	<b>\$180</b>	<b>\$200</b>
<b>Water Distribution Exam Fee: Grade 1 – Grade 4</b>	<b>\$120</b>	<b>\$145</b>
Water Distribution Renewal: Grade 1 – Grade 4	\$55	\$75
<b>Water Quality Laboratory Analysts Exam Fee: Grade 1 – Grade 4</b>	<b>\$120</b>	<b>\$145</b>
Water Quality Laboratory Analysts Renewal: Grade 1 – Grade 4	\$55	\$75
<b>Water Treatment Exam Fee: Grade 1 – Grade 4</b>	<b>\$120</b>	<b>\$145</b>
Water Treatment Renewal: Grade 1 – Grade 4	\$55	\$75
<b>Cross – Connection Control Exam Fee</b>	<b>\$135</b>	<b>\$155</b>
Cross – Connection Control Renewal	\$80	\$100
<b>Water Use Efficiency Exam Fee: Grade 1-3</b>	<b>\$135</b>	<b>\$155</b>
Water Use Efficiency Renewal: Grade 1 – Grade 3	\$50	\$70

Please Note: A **NON-REFUNDABLE** renewal fee is due and must be included with each completed application

**Circle Credit Card Type:**    **Visa**    **Master Card**    **American Express**

**Name of Cardholder:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **V-CODE** \_\_\_\_\_ (It will be a 3 or 4 digit number on the back of the card)

**Exp. Date** \_\_\_\_\_ **Total Amount to Charge:\$** \_\_\_\_\_

**AWWA Membership #:** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_

**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

**Table A**  
**Required Continuing Education Contact Hours**  
**for Certificate Renewal**

<b><i>Cross-Connection Control Specialist (Sec.4)</i></b>	<b><i>Contact Hours Required</i></b>
Certificate	12
<b><i>Distribution Operators/Associates , Treatment Operators/Associates Water Quality Lab Analysts</i></b>	<b><i>Contact Hours Required</i></b>
Grade 1	12
Grade 2	16
Grade 3	24
Grade 4	24