

## APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY PROCTOR

☐ PROCTOR ☐ PROCTOR-IN-CHARGE

**\*Attach a resume and/or small biography for those seeking to be a Proctor-in-Charge**

Today's Date \_\_\_\_-\_\_\_\_-\_\_\_\_ Training Location \_\_\_\_\_ Training Date \_\_\_\_-\_\_\_\_-\_\_\_\_  
Full Name \_\_\_\_\_

*(Print your name as you wish it to appear on the proctor certificate)*

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_-\_\_\_\_-

Home (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

AWWA Membership number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Current Backflow Prevention Assembly Tester Certification No.: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Cross-Connection Specialist Certification No.: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Other certification held: \_\_\_\_\_

How many year(s) as an AWWA Proctor: \_\_\_\_\_

### PRESENT EMPLOYMENT

Employer \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_-\_\_\_\_-

Job Title \_\_\_\_\_

List any California-Nevada, AWWA committees, division or office served: \_\_\_\_\_

Other organization to which you belong (*professional, technical, community etc.*): \_\_\_\_\_

Have you ever been denied a proctoring opportunity? No \_\_\_ yes \_\_\_ If yes, please explain: \_\_\_\_\_

Briefly state why you wish to serve as a proctor or a proctor-in-charge and why you believe you are qualified?

**I certify that the above information is true to the best of my knowledge:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to: CA-NV Section, AWWA Certification Program, 10435 Ashford St., Rancho Cucamonga, CA 91730; Revised August 2013

**CA-NV Section, AWWA Office Use Only**

Certification Number: \_\_\_\_\_ Current Yes \_\_\_\_\_ No \_\_\_\_\_

Other AWWA Certifications \_\_\_\_\_ Grade \_\_\_\_\_ Current Yes \_\_\_\_\_ No \_\_\_\_\_

Grade \_\_\_\_\_ Current Yes \_\_\_\_\_ No \_\_\_\_\_

AWWA Committees: \_\_\_\_\_

\_\_\_\_\_

Other Organizations: \_\_\_\_\_

\_\_\_\_\_

Proctor Denials: Yes \_\_\_\_\_ No \_\_\_\_\_

Organization \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review**

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date \_\_\_\_\_

Denied: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_