



**PRESENT EMPLOYMENT**

Employer \_\_\_\_\_ Length of Service \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City State Zip

Job Title \_\_\_\_\_ Number of Service Connections \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(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 making Cross-Connection Control Inspections?  Yes  No
- b. Number of years engaged in Cross-Connection Control work \_\_\_\_\_
- c. Training in Cross-Connection Control and related subjects \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Are you presently enrolled in a Cross-Connection course?  Yes  No School \_\_\_\_\_  
 Instructor's Name \_\_\_\_\_ Course Title \_\_\_\_\_ No. of Units \_\_\_\_\_
- e. Summarize any additional experience you have which qualifies you for certification as a Cross-Connection Control Specialist.  
 Use additional page if required \_\_\_\_\_

**ALL APPLICANTS MUST INCLUDE A CURRENT JOB DESCRIPTION**  
**CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION – PAGE 2 OF 3**

**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**

**Email to: [GEnriquez@ca-nv-awwa.org](mailto:GEnriquez@ca-nv-awwa.org)**

I have carefully read the **Candidate Handbook and related Policies** governing the Cross-Connection Control Specialist certification by the California-Nevada Section of the American Water Works Association. 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.

"BY SIGNING THIS APPLICATION, I GRANT PERMISSION FOR CA-NV AWWA TO RELEASE MY NAME, CERTIFICATION NUMBER AND CERTIFICATION EXPIRATION"

I certify that the above information given by me is true.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)