

# California-Nevada Section Application for Cross-Connection Control Specialist (CCCS) Certification

### PLEASE READ INSTRUCTIONS BELOW FIRST

#### INSTRUCTIONS TO APPLICANT

- READ AND REVIEW THE
   CERTIFICATION CANDIDATE
   HANDBOOK APPLICABLE TO YOUR
   DISCIPLINE. When you sign the
   Application, you will have stated in writing that you have done so.
- 2. READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. 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 qualifications.
- 3. Please type or print to ensure your answers are legible.

- Every application must be accompanied by the <u>NON-REFUNDABLE</u> application fee. Please make check or money order payable to: CA-NV AWWA.
- 5. Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.
- 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 the Candidate Handbook.
- 7. Refer to applicable program policies for appeals procedures.
- The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date.

- NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar</u> <u>days</u> prior to the requested exam date.
- 10. SPECIAL REQUEST FOR TAKING THE EXAM: 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. SPECIAL

  TESTING REQUESTS MUST BE
  SUBMITTED IN WRITING ON THE
  REQUEST FOR TESTING
  ACCOMMODATIONS FORM. THIS
  FORM MUST ACCOMPANY YOUR
  APPLICATION AND FEE.

Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.

Submission Date Requested Exam Site	Requested Exam Date Reciprocity Request  Retake Request
Backflow Prevention Assembly Tester No: _	<u> </u>
Current Certification No.:  AWWA Membership #:  Email ID:  Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.	Credit Card Type:
Full Name  Print your name as you wish it to	
Address	
City	State Zip
Phone: Home ()/ W	fork ()/
Cell ()/ F	Tax ()/

Note: A <u>NON-REFUNDABLE</u> Application Fee of \$210.00 for AWWA Members or \$230.00 for non-members is due and must be included with each completed application. To receive the member discount, please list the individual or company **AWWA Membership above.** If not a member, you may include a <u>paid</u> membership application to use the <u>member</u> discount.

#### CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION – PAGE 1 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: <u>GEnriquez@ca-nv-awwa.org</u> 2020 © CA-NV AWWA

## PRESENT EMPLOYMENT

Employer		Length of Service					
Address							
	Number		Street		City	State	-
Briefly state	your normal du	ties (attach add	litional sheet if ne	ecessary):			
			(Please attach sh	eet if more space is r	equired)		
			PREVIO	US EXPERIENC	E		
ist your jo	b history below	w for the five	years preceding	g present employme	ent:		
Date	Date	Total					
From	То	Years	Name	Addre	ess		Position
	ı						
			EI	DUCATION			
List below th	e names of the	schools, cities,	and states in which		Years	Date	Subjects Studied
		, ,		,	Attended	Graduated	Or Degree Earned
Hig	h						
Scho	ool						
Colle	ogo						
Conc	- ge						
Gradı	ıate						
Trade, Bu							
Correspo	ndence						
<b>A</b>			wise Control Issue		□ N.		
• •	,		-	pections?  Yes	∐ No		
			nection Control w	ork s			
. Halling i	ii Cioss-Coille	ction Control a	nd related subject	S			
1 1	resently enrolle	ed in a Cross-C	onnection course	?  Yes  No	School		
ı. Are you p	resenting emone			_ <del>_</del>			
Instructor	's Name		Course Tit	ele		No. of Ur	nits
Instructor	's Name		Course Tit	lealifies you for certific	cation as a C	No. of Ur Cross-Connection	on Control Specialist.

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

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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)						

CROSS-CONNECTION CONTROL SPECIALIST CERTIFICATION APPLICATION – PAGE 3 OF 3

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