INSTRUCTIONS TO APPLICANT

1. 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.

4. Every application must be accompanied by the NON-REFUNDABLE 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.

6. Completed applications will be reviewed by the Administrator for certification eligibility. A completed application includes all requested information, and proof of qualifications per the Candidate Handbook.

7. Refer to applicable program policies for appeals procedures.

8. The application must reach the Section office 20 calendar days prior to the requested exam date.

9. NOTIFICATION: All applicants will be notified of eligibility within 14 calendar days 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.
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:

<table>
<thead>
<tr>
<th>Date From</th>
<th>Date To</th>
<th>Total Years</th>
<th>Name</th>
<th>Address</th>
<th>Position</th>
</tr>
</thead>
<tbody>
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</table>

EDUCATION

List below the names of the schools, cities, and states in which you attended

<table>
<thead>
<tr>
<th>Years Attended</th>
<th>Date Graduated</th>
<th>Subjects Studied Or Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
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<tr>
<td>Graduate</td>
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<td></td>
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<tr>
<td>Trade, Business, Correspondence</td>
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</tr>
</tbody>
</table>

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

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Revised: January 2020
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)