

PLEASE READ INSTRUCTIONS BELOW FIRST

<p>INSTRUCTIONS TO APPLICANT</p> <p>1. <u>READ AND REVIEW THE CERTIFICATION CANDIDATE HANDBOOK APPLICABLE TO YOUR DISCIPLINE.</u> When you sign the Application, you will have stated in writing that you have done so.</p> <p>2. <u>READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.</u> 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.</p> <p>3. Please type or print to ensure your answers are legible.</p>	<p>4. Every application must be accompanied by the NON-REFUNDABLE application fee. Please make check or money order payable to: CA-NV AWWA.</p> <p>5. Upon completion, submit the application to the CA-NV AWWA office by postal mail, email or fax.</p> <p>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.</p> <p>7. Refer to applicable program policies for appeals procedures.</p> <p>8. The application must reach the Section office <u>20 calendar days</u> prior to the requested exam date.</p>	<p>9. NOTIFICATION: All applicants will be notified of eligibility within <u>14 calendar days</u> prior to the requested exam date.</p> <p>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. <u>SPECIAL TESTING REQUESTS MUST BE SUBMITTED IN WRITING ON THE REQUEST FOR TESTING ACCOMMODATIONS FORM.</u> THIS FORM MUST ACCOMPANY YOUR APPLICATION AND FEE.</p> <p>Should you have any questions, contact the CA-NV AWWA office at (909) 481-7200, fax (909) 481-4688.</p>
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Submission Date _____ Requested Exam Date _____ Retake Request Reinstatement Request
(MM/DD/YY) (MM/DD/YY)

Treatment Operator Grade (3+): _____
 Certification from: CA NV Other

State Certification # and Expiration date: _____
 Drinking Water Wastewater

AWTO™ Certification # and Expiration date: _____

AWTO™ Grade Requested: _____

Email _____

Credit Card Type: _____

Credit Card # _____

Name on Card: _____

Amount to Charge: \$ _____

Exp. Date: _____ (MM/YY) V-Code _____

Signature: _____

Full Name _____
 Print your name as you wish it to appear on the certificate

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Cell _____ Fax _____

CA-NV AWWA / CWEA will publish your achievement as a certified Advanced Water Treatment Operator using various methods showing your name, your certification number, and the current expiration date of the certification.

You may **OPT OUT** of the listings by marking your decision here _____.

Please Note: A **NON-REFUNDABLE** Application Fee of **\$290.00** for AWWA or CWEA Members / **\$395.00** for non-members is due and must be included with each completed application. To receive a member discount the individual or the organization must be listed on the **AWWA / CWEA** records, or pay the non-member fee. AWWA /CWEA# _____

Supplemental application questions to take the AWT4™ and AWT5™ exams

Employment: Complete the following **for each permitted facility operated for a minimum of six (6) months**

Employer: _____ Length of Service: _____

Address: _____

Job Title: _____

Treatment Facility Operated:

Name of facility: _____

Purpose of treatment: Wastewater disposal _____

Non-potable Recycled water _____

Potable reuse _____

Drinking Water (surface water) _____

Drinking Water (groundwater) _____

Industrial water or wastewater treatment _____

Number of years operating facility: _____

Responsibilities: _____

List treatment processes included in treatment train:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Supervisor:

Name: _____

Contact (Phone/email) _____

Non-Discrimination:

It is the policy of CA NV AWWA and CWEA that they shall not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

By signing the application below I attest that:

1. All information I have provided is accurate and truthful.
2. I agree to comply with all policies and provisions of the certification program.
3. I agree to provide any information needed to determine my eligibility for initial certification and/or recertification and to cooperate fully with any disciplinary investigations.
4. I will make claims regarding certification only with respect to the scope for which certification has been granted.
5. I will not misuse the credential, certification mark, and or certificate, or use them in a misleading manner.
6. I will not use the certification in a manner that would bring CA-NV AWWA, CWEA, or the certification program into disrepute, I will not make any statement regarding the certification which the AWTO certification governance bodies considers misleading or unauthorized;
7. I agree to discontinue all claims to certification, discontinue use of the credential / certification mark, and return any certificates issued, if certification is suspended or revoked.
8. I agree not to copy, release, share, or otherwise disclose confidential exam materials or participate in fraudulent test-taking practices.
9. I have carefully read the **Candidate Handbook** governing the Advanced Water Treatment Operator certification by CA-NV AWWA. 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.

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

(Signature of applicant)

(Date)

Send by postal mail to: CA-NV AWWA Certification, 10435 Ashford St., Rancho Cucamonga, CA 91730

Or, send as an attachment to Gina Enriquez at GEnriquez@ca-nv-awwa.org

Or, send by fax to (909) 481-4688