

Application for Cross-Connection Control Specialist (CCCS) Certification

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, <u>and</u> 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>
--	---	--

The exam will be delivered by computer at a professional testing center. Watch for an **email from CandidateSupport** for instructions on how to schedule your exam.

☐ Retake Request

Submission Date

____/____/____ Backflow Prevention Assembly Tester No: _____

Current Certification No.: _____

AWWA Membership #: _____

Email : _____

Note: Credit card receipts will be emailed. For checks, your cancelled check is your receipt.

Credit Card Type: _____

Credit Card # _____

Name on Card: _____

Amount to Charge: \$ _____

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

Signature: _____

Receipt: Email: _____ Phone: _____

Full Name _____

Print your name as it appears on your government issued picture ID

Address _____

City _____ State _____ Zip _____

Phone: Home (____) ____/____/____ Work (____) ____/____/____

Cell (____) ____/____/____ Fax (____) ____/____/____

Note: A **NON-REFUNDABLE** Application Fee of **\$260.00** for AWWA Members or **\$28500** 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 **paid** membership application to use the **member** 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, (909) 481-4688 Email to: certification@ca-nv-awwa.org

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, (909) 481-4688 Email to: certification@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)