

California-Nevada Section, American Water Works Association  
**Application for Cross-Connection Control Specialist  
(CCCS) Certification**

**PLEASE READ INSTRUCTIONS BELOW FIRST**

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

- Reciprocity Request  
 Retake Request  
 Reinstatement Request

Submission Date

\_\_\_/\_\_\_/\_\_\_ Backflow Prevention Assembly Tester No: \_\_\_\_\_

Current Certification No.: \_\_\_\_\_

AWWA Membership #: \_\_\_\_\_

Email ID: \_\_\_\_\_

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

<p><b>Credit Card Type:</b> _____</p> <p>Credit Card # _____</p> <p>Name on Card: _____</p> <p>Amount to Charge: \$ _____</p> <p>Exp. Date: _____ (MM/YY) V-Code _____</p> <p>Signature: _____</p> <p>Receipt: Email: _____ Phone: _____</p>
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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 **\$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 **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, AWWA Certification Program (909) 481-4688

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

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*(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 \_\_\_\_\_

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- 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**  
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**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)