



**RE-TEST ONLY**

**Application for Technical Certification**

7677 Oakport Street, Suite 525  
Oakland, CA 94621-1935  
phone: (510) 382-7800 fax(510) 382-7810 fax  
web: www.cwea.org email: tcp@cwea.org

Application Test Date (please check one):

- Jan 26, 2008 (10/31/07 application deadline)
- July 26, 2008 (4/30/08 application deadline)

**INSTRUCTIONS TO APPLICANTS**

- 1. This form can only be used if you are re-taking a test you have taken no more than one year ago.
- 2. Mail this form, a check or money order in the amount of the application fee, and all supporting documents to CWEA TCP, 7677 Oakport St. #525, Oakland, CA 94621-1935. Make your check payable to CWEA-TCP. You will be mailed an application receipt about 3 weeks after the application deadline. Test eligibility notifications are mailed about 4 to 6 weeks after the application deadline. We do not accept faxed applications.

Fees: Certificate Grade Association Members\* Non-Members\*\*

1	\$105	\$143
2	\$120	\$158
3	\$135	\$173
4	\$150	\$188

Check here if you would like to apply your non-member fee to a one year association membership. (If you do not check this box, you will not become a member.)

\*Must be a WEF/MWEA/AWWMA member in good standing.

5. You must choose a local section in which you would like to take your test using the enclosed local section map. Please see the Local Section Map for further instructions.

Enter the name of the local section you have chosen here:

**I. APPLICATION INFORMATION**

A. This is an application for technical certification in (check one):

	1	2	3	4
Collection System Maintenance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Compliance (Industrial Waste) Inspector .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Analyst .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator, Industrial Waste Treatment Plant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Plant Maintenance (Grade I only) .....	<input type="checkbox"/>	-	-	-
Plant Maintenance Mechanical Technologist (Grade II, III and IV) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Maintenance Electrical/Instrumentation (Grade II, III and IV).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. NAME \_\_\_\_\_  
(Last) (First) (Middle)

C. AGENCY \_\_\_\_\_

D. MAILING ADDRESS\* \_\_\_\_\_  
 Home Address (Street)  
 Work Address

(City) (State) (Zip +4)

E. WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(Include area code)

E-MAIL (optional): \_\_\_\_\_ (to receive certification updates)

F.  I AM CWEA/MWEA/AWWMA MEMBER NUMBER : \_\_\_\_\_  
If you do not know your number leave this space blank.

**OFFICE USE ONLY**

CK# \_\_\_\_\_  
AMT:\$ \_\_\_\_\_  
 Agency  Personal  M/O  
DE: \_\_\_\_\_

**Local Section Review:**  
Reviewer: \_\_\_\_\_  
Recommended: YES  NO   
Date: \_\_\_\_\_

**State/Vocation Review:**  
Reviewer: \_\_\_\_\_  
Recommended: YES  NO   
Date: \_\_\_\_\_

**II. REASONABLE ACCOMMODATIONS FOR THOSE WITH DISABILITIES**

Do you have a physical or psychological disability that may affect your ability to successfully complete the exam?  
 YES  NO

If yes, please state the nature of your disability: \_\_\_\_\_  
Reasonable accommodations will be provided for those individuals who provide CWEA with a physician's certificate, or the equivalent, documenting the disability 3 weeks prior to the test.

**III. DATE OF LAST TEST :** \_\_\_\_\_

Please enter the date of the last time you took this test (it must be no more than one year ago)

**IV. CODE OF ETHICS**

All California Water Environment Association certificate holders and applicants are expected to meet, the following standards of professional conduct and ethics:

1. To protect public health, themselves, their co-workers, property, and the environment by performing the Essential Duties of the CWEA certified vocation safely and effectively, and complying with all applicable federal, state and local regulations.
2. To represent themselves truthfully and honestly throughout the entire certification process.
3. To adhere to all test site rules and make no attempt to complete the test dishonestly or to assist any other person in doing so.
4. To refrain from activities that may jeopardize the integrity of the Technical Certification Program.

**V. SIGNATURE OF APPLICANT**

I, the undersigned, certify that I am the above named applicant; that all statements made and information contained in the above application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility of the examination being applied for or revocation of any certificate granted.

I have read and understand the CWEA Technical Certification Program Code of Ethics.

I also consent to a thorough investigation of my employment records and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied. I have read and understand the policies listed below.

DATE: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

<b>Credit Card Payment Information (Complete only if you are using a credit card):</b>	
Choose one: <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
<input type="checkbox"/> Visa <input type="checkbox"/> Discover	Card Number: _____ Exp. Date ____ / ____ / ____
Total Amount to Charge:\$ _____	Your Signature: _____

**IMPORTANT TECHNICAL CERTIFICATION PROGRAM POLICIES**

**Exam Postponement & Cancellation Instructions:** To postpone your application you must submit a signed written request ( a letter stating that you wish to postpone), with a \$35 administrative fee. The written request **and** payment must be received at the CWEA office no later than six (6) days after the scheduled test date. You may only postpone your application twice. There are no exceptions to this policy.

To cancel your application you must submit a signed written request (a letter stating you wish to cancel your application) to CWEA. The written request must be received at the CWEA office no later than six (6) days after the scheduled test date. Full refunds less a \$35 administrative fee, will be made 4 weeks after the scheduled test date. There are no exceptions to this policy.

**Acceptance and Rejection of Application:** Applicants will be notified of acceptance or rejection within approximately 6 weeks after the application deadline. Rejected applicants may appeal the decision to the TCP Director. If appropriate, rejected applicants may choose to apply for a lower grade level within the same vocation. If rejection is the final outcome of the application process, the applicant will be refunded the full amount of the application fee.

**Exam Result Notification:** Exam results are mailed to certificate candidates no later than 6 weeks after the exam date. No results are given over the phone, via fax or email. All results are confidential and are only released to the certificate candidate.

**Issue of Certificate:** Certificates will be issued to all candidates who pass the examination. Certificates are mailed about two to three weeks after result notifications have been mailed.

**Renewal of Certification:** All certificates must be renewed annually. The first renewal is due one year from the last day of the month in which the certification exam was held. Certificate renewals less than one year past due are subject to the renewal fee plus a penalty fee of 100% of the renewal fee. Certificates more than one year past due are not renewable. Re-testing is required to reinstate certificates more than one year past due. Renewal notices are mailed to certificate holders two months before the due date. Certificate holders must notify CWEA of any address changes. **IT IS THE RESPONSIBILITY OF THE CERTIFICATE HOLDER TO ENSURE THAT HIS OR HER CERTIFICATE(S) REMAIN VALID**

**Americans with Disabilities Act:** In compliance with the Americans with Disabilities Act, special accommodations will be provided for those individuals who provide CWEA with a physician's certificate, or its equivalent, documenting a physical or psychological disability that may affect the individual's ability to successfully complete the certification examination. Written requests for special accommodations must be made no later than 3 weeks before the examination date.

**Technical Certification Program Test Sites**

<b>Local Section</b> Michigan (MICH)	<b>Site Location*</b> TBA	<b>LS Chair</b> Jeanette Best	<b>Phone</b> (989) 759-1631
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