



Application for Technical Certification
CALIFORNIA WATER ENVIRONMENT ASSOCIATION
 7677 Oakport Street, Suite 600 • Oakland, CA 94621-1935
 (510) 382-7800 • (510) 382-7810 fax • www.cwea.org

Application Test Date (please check one):
 January 26, 2008
 (10/31/07 application postmark deadline)
 July 26, 2008
 (4/30/08 application postmark deadline)

INSTRUCTIONS TO APPLICANTS

1. Read all the instructions carefully. Incomplete or improperly prepared applications will be returned. Faxed applications are not accepted. Applications without signatures and appropriate supporting documents attached will be returned.
2. Applications must be typed or printed neatly in ink.
3. Attach photocopies of your certificate, validation card, and/or college transcripts.
4. Mail this form, a check, money order or credit card payment in the amount of the application fee, and all supporting documents to CWEA TCP, 7677 Oakport St. #600, 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. (Deadline is always a postmark)

| | | | | | |
|--------------|--------------------------|-----------------------------|--------------------|--------------------------|--|
| Fees: | Certificate Grade | Association Members* | Non-Members | <input type="checkbox"/> | 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.) |
| | 1 | \$105 | \$215 | | |
| | 2 | \$120 | \$230 | | |
| | 3 | \$135 | \$245 | | |
| | 4 | \$150 | \$260 | | |

*Must be a CWEA or WEF 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:

II. 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 Analysis | <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 or IV) | - | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plant Maintenance Electrical/Instrumentation (Grade II, III or IV)..... | - | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. NAME _____
 (Last) (First) (Middle)

C. AGENCY _____

D. MAILING ADDRESS* _____
 (Street)
 Home Address
 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: _____

Credit Card Payment Information (Complete only if you are using a credit card):

Choose one: Mastercard American Express

Visa Discover Card Number: _____ Exp. Date ___ / ___ / ___

Total Amount to Charge:\$ _____ Your Signature: _____

III. EDUCATION AND TRAINING

A. College Graduate? YES NO Degree: _____ Major: _____

Date Granted: _____ Name and Location of School: _____

ATTACH COPIES OF COLLEGE TRANSCRIPTS OR CERTIFICATES OF COMPLETION AS PROOF

B. List course work you have completed that is relevant to your vocation:

1. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

2. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

3. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

IV. QUALIFYING EXPERIENCE HISTORY

Present detailed work experience related to the water quality industry and to the vocation for which you are applying. List your present or most recent work experience first. Be sure to adequately describe your job duties.

A. CURRENT EMPLOYER: _____ Phone: _____

(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Job Duties (please provide detailed description)

: _____

What portion of your time did these duties take? _____ % Total Years: _____

EMPLOYER VERIFICATION:

I certify that the information stated above is true and correct to the best of my knowledge.

(Employer/Supervisor's Name--Please Print)

(Title)

(Date)

Supervisor's Signature: _____

B. NEXT PREVIOUS EMPLOYER: _____ Phone: _____

(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name : _____ Supervisor's Phone Number: _____

Job Duties (please provide detailed description):

What portion of your time did these duties take? _____ % Total Years: _____

C. NEXT PREVIOUS EMPLOYER: _____ Phone: _____
(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Job Duties (please provide detailed description):

What portion of your time did these duties take? _____ % Total Years: _____

D. Total Qualifying Years of Experience: _____

E. Do you currently have valid CWEA certification in this vocation? YES NO
If yes, give certificate number, grade and date originally issued: _____

Attach a copy of your certificate and current renewal card.

**USE ADDITIONAL SHEETS TO LIST ADDITIONAL EDUCATION, TRAINING AND EXPERIENCE
DO NOT FORGET TO ATTACH TRANSCRIPTS IF YOU ARE USING EDUCATIONAL CREDITS**

V. 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.

VII. 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.

VIII. 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 on this application.

DATE: _____ Signature of Applicant: _____

Visit CWEA's web site for more information

For information about test content outlines, study references, study sessions, policies, results calendar, candidate handbooks, and applications please visit CWEA's website at www.cwea.org. Click on Certification.

| APPLICATION DEADLINE | TEST DATE |
|-----------------------------|------------------|
| October 31, 2007 (Postmark) | January 26, 2008 |
| April 30, 2008 (Postmark) | July 26, 2008 |

| GRADE 1 | | |
|------------------------|---|--|
| Qualifying Combination | EDUCATION/CERTIFICATIONS | EXPERIENCE |
| | NONE REQUIRED TO TAKE TEST | NONE REQUIRED TO TAKE TEST |
| GRADE 2 | | |
| Qualifying Combination | EDUCATION/CERTIFICATIONS | EXPERIENCE |
| A | NONE | 4 full-time years in vocation |
| B | Hold Grade 1 certificate in vocation for 1 year | 2 full-time years in vocation |
| C | Associate's, or higher, degree in a related field | 2 full-time years in vocation |
| D | Bachelor's, or higher, degree in a related field | 1 full-time year in vocation |
| GRADE 3 | | |
| Qualifying Combination | EDUCATION/CERTIFICATIONS | EXPERIENCE |
| A | NONE | 6 full-time years in vocation |
| B | Hold Grade 2 certificate in vocation for 2 years | 4 full-time years in vocation |
| C | Associate's, or higher, degree in a related field | 4 full-time years in vocation |
| D | Bachelor's, or higher, degree in a related field | 3 full-time years in vocation |
| GRADE 4 | | |
| Qualifying Combination | EDUCATION/CERTIFICATIONS | EXPERIENCE |
| A | NONE | 8 full-time years in vocation with 1 year supervising others |
| B | Hold Grade 3 certificate in vocation for 2 years | 6 full-time years in vocation with 1 year supervising others |
| C | Associate's, or higher, degree in a related field | 6 full-time years in vocation with 1 year supervising others |
| D | Bachelor's, or higher, degree in a related field | 5 full-time years in vocation with 1 year supervising others |

IMPORTANT TECHNICAL CERTIFICATION PROGRAM POLICIES

Exam Postponement & Cancellation Instructions: Beginning 9/01/07, you may only postpone an exam for July 2008. 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. Applicants postponing a July 2008 exam will be given full refund less a \$35 administrative fee.

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 within 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 exam. 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 more than one month past due are subject to the renewal fee plus a penalty fee. The penalty fee is a flat fee that graduates the longer the certificate holder waits to renew. Certificates more than two years past due are not renewable. Re-testing is required to reinstate certificates more than two years past due. Renewal notices are mailed to certificate holders two months before the due date. **It is the responsibility of the certificate holder to ensure that his or her certificate(s) remains valid.**

Re-Certification:

CWEA Certificate Holders shall be required to renew certificates annually, and shall be required to provide evidence of completion of 12 contact hours of continuing education requirements for certificate renewal every two years, beginning with all certificates renewable in July 2004. For more information, visit CWEA's website: www.cwea.org.

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.

Instructions For Choosing A Local Section

1. Choose the Local Section in which you would like to take your exam. The Local Sections are listed below.
2. Write in the name or abbreviation for the Local Section you have chosen on page one of the application.

Notes:

- The exact location of the site you choose will be mailed to you after you have been approved to sit for the exam. This usually occurs about one to two months after the application deadline.
- If you need to know the exact location of your exam site, contact your Local Section Chair listed below.
- If you do not choose a site, one will be chosen for you.
- Site changes are permitted only up to 3 weeks before the exam date.
- The Tri-Counties, Northern Sacramento Valley, and Santa Ana River Basin Sections offer two sites (see the list below).

Where To Send Your Completed Application:

SEND YOUR COMPLETED APPLICATION, ALONG WITH THE APPROPRIATE FEE, DIRECTLY TO:

CWEA TCP
7677 Oakport St., STE 525
Oakland, CA 94621-1935

Technical Certification Program Local Section Chairs

| Local Section | Site Location* | LS Chair | Phone |
|--|-----------------------------------|-------------------|--------------------|
| Alaska | ALASKA | CWEA | 510-382-7800 |
| Colorado River Basin (CORBS) | Palm Springs, CA | Javier Villarreal | 760-345-1600 |
| Central San Joaquin (CSJS) | Kingsburg, CA | Robert Currie | 559-896-4420 |
| Desert and Mountain (DAMS) | Crestline, CA | Robert Renison | 909-338-3245 |
| Golden Empire (GES) | Bakersfield, CA | TBA | |
| Hawaii (HI) | Honolulu, HI | John Nishimura | 808-944-1821 |
| Los Angeles Basin (LABS) | Los Angeles, CA | Kris Flaig | 310-648-5489 |
| Michigan (MICH) | Saginaw, MI | Jeanette Best | 989 759-1631 |
| Monterey Bay (MB) | Marina, CA | Larry Brown | 831-624-1249X284 |
| North Coast (NC) | Eureka, CA | Jeff Underwood | 707-443-4558 |
| Northern San Joaquin (NSJ) | Modesto, CA | Heather Grove | 209-333-6749 |
| Northern Sacramento Valley (NSVR) (NSVW) | Redding, CA Yuba City, CA | Dwayne Norman | 530-224-6070 |
| Redwood Empire (RED) | Petaluma, CA | Ted Whiton | 707-523-1010 |
| Sacramento (SAC) | Sacramento, CA | Jody Allen | 916-786-5438 x 20 |
| San Diego (SD) | San Diego, CA | Steve Taylor | 858-614-4044 |
| Santa Ana River Basin (SARP) (SARF) | Perris, CA Fountain Valley, CA | Ed Peterson | 949 837-7050 x 104 |
| Santa Clara Valley (SCV) | Burlingame, CA | Joanna De Sa | 408-730-7261 |
| San Francisco Bay (SFB) | Martinez, CA | Angelino Santos | 510-276-4700 |
| Sierra (SRA) | Truckee, CA | Ben Malone | 530-587-2525 |
| Tri-Counties (TRIV) (TRIL) | Ventura, CA Lompoc, CA | Brad Glassman | 818-251-2333 |

*Test Sites are subject to change. Visit CWEA's web site at www.cwea.org for the latest information about test sites and maps. Click on Certification.

