

*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, <b>and</b> 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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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.

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(Signature of applicant)

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(Date)

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

**Or, send as an attachment to the Certification Department at [Certification@ca-nv-awwa.org](mailto:Certification@ca-nv-awwa.org)**

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