



Biosolids Land Application Management

Application for Technical Certification

CALIFORNIA WATER ENVIRONMENT ASSOCIATION

Technical Certification Program

7677 Oakport Street, Suite 600

Oakland, CA 94621

(510) 382-7800 • (510) 382-7810 fax www.cwea.org website

Testing Window	We must receive your application by (Postmarked)
January 5 through March 31	November 29
April 1 through June 30	February 27
July 1 through September 30	May 29
October 1 through December 31	August 31

I. IMPORTANT TESTING INFORMATION TO APPLICANTS

(Applicants are responsible to know the testing policies and procedures. Read and fill out this entire form to avoid a delay in your application)

- Applications must be typed or printed neatly in ink. Illegible applications will be returned.
- Make your check payable to CWEA-TCP. 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. We will mail an application acknowledgment letter about 2 weeks after your application is received by CWEA. You will receive a test eligibility notification letter approximately 2 weeks after the acknowledgment letter.
- To reschedule or cancel an exam, you must contact our testing administrator, Pearson Vue at least 24 hours in advance to avoid losing your exam fee.
- Test site seat space is on first-come, first-served availability. Please send in your applications early during the application period to ensure you are adequately accommodated by Pearson Vue.
- Under no circumstances are candidates allowed to sit for the same exam twice in the same window.

The application fees are:

Association Members*	Non-Members**
\$115	\$247 (CWEA) or \$148 (MWEA)

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

**Check here if you would like to apply your non-member fee to a one year association membership with CWEA or MWEA. For more information contact www.mi-wea.org (If you do not check this box, you will not become a member.)

II. APPLICATION INFORMATION

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

C. AGENCY _____

D. MAILING ADDRESS _____
 (Street)

Home Address

Work Address

 (City) (State) (Zip +4)

E. WORK PHONE _____ HOME _____
 (Include Area Code) (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
CWEA Staff Review:
Reviewer: _____
Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/>
Date: _____
Subject Matter Expert Review:
Reviewer: _____
Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/>
Date: _____

Name of Applicant _____

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 OF EDUCATIONAL CREDITS

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)

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

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: _____ Supervisor's Phone Number: _____
(Required for grade level 2-4)

B. PREVIOUS EMPLOYER: _____ Phone: _____
(include area code)

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: _____

Name of Applicant _____

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

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

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 current renewal card.

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. *Please attach documentations with this application.*

VI. 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.

VII. 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 understand that the exam to which applied is confidential and protected by law. I am prohibited by law from disclosing, publishing, reproducing or transmitting the exam content in any form, verbal, written or electronic.

I have read and understand the policies listed on this application.

DATE: _____ Signature of Applicant: _____

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

**CWEA TCP
7677 Oakport St., STE 600
Oakland, CA 94621-1944
FAX applications to: 510.382.7810**

Payment Information:

Agency Check # _____ Money Order Personal Check # _____ Total Amount Authorized to Charge: \$ _____

Choose one: Mastercard American Express

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

Total Amount Authorized to Charge: \$ _____ Card Holder Signature: _____ Print Name: _____

Type: Agency Personal

QUALIFICATIONS FOR BIOSOLIDS LAND APPLICATION MANAGEMENT CERTIFICATION

To qualify for certification candidates must:

- A. Complete the Biosolids Land Application Management Application for Technical Certification, pay the appropriate application fee, **AND**
- B. Have one year of experience related to the science and technology of land application management, **or** equivalent education including 16 hours of specific training, **AND**
- C. Pass the examination for Biosolids Land Application Management certification.

Technical Certification Program Local Section Chairs

For help with study preparation for the TCP exam, an active local chair person can help you get connected with the right resources.

Local Section

Colorado River Basin (CORBS)
Central San Joaquin (CSJS)
Desert and Mountain (DAMS)
Golden Empire (GES)
Hawaii (HIK)
Los Angeles Basin (LABS)
Michigan (MICH)
Monterey Bay (MB)
North Coast (NC)
Northern San Joaquin (NSJ)
Northern Sacramento Valley
(NSVR)
(NSVY)
Redwood Empire (RED)
Sacramento (SAC)
San Diego (SD)
Santa Ana River Basin
Santa Clara Valley (SCV)
San Francisco Bay (SFB)
Sierra (SRA)
Tri-Counties

*LS Chair

Javier Villarreal
Robert Currie
Robert Renison
Robert Cole
John Nishimura
Kris Flaig
Jeanette Best
Larry Brown
Jeff Underwood
Heather Grove

Stuart Zanni
Stan Gryczko
Ted Whiton
Mike Neri
Steve Taylor
Ed Peterson
Joanna De Sa
Angelino Santos
Ben Malone
Brad Glassman

Phone

760-345-1600
559-896-4420
909-338-3245
661-862-8985
808-944-1821
310-648-5489
989 759-1631
831-624-1248X284
707-443-4558
209-333-6749

530-224-6051
530-822-7698
707-523-1010
916-496-6377
858-614-4044
949 837-7050x104
408-730-7261
510-276-4700
530-587-2525
818-251-2333

Email:

javier.villarreal@cvwd.org
bcurrie@skfcsd.org
qjf55@yahoo.com
bcoble@wmdksa.com
jnishimura@hawaii.rr.com
kris.flaig@lacity.org
jbest@saginaw-mi.com
brown@cawd.org
junderwood@ci.eureka.ca.gov

szanni@ci.redding.ca.us
sgryczko@yubacity.net
tedwhiton@w-and-k.com
mneri@folsom.ca.us
sktaylor@sandiego.gov
epeterson@etwd.com
JDeSa@ci.sunnyvale.ca.us
acs@santosac.com
bmalone@tsa.net
bglassman@lvwd.com

*Contact your Local Section chairs to get connected to the right study groups/sessions and resources in your area.

Visit CWEA's web site for more information

For information about test content outlines, study references, study sessions, policies, candidate handbooks, and applications, please visit CWEA's website at www.cwea.org/cert

CWEA Technical Certification Program Policy Description

Space is limited at all test sites. To ensure your accommodations are met by Pearson VUE, please send your test application early during the application period of your preferred testing window. It is your responsibility to schedule your test with Pearson VUE. If you do not schedule a test within the preferred window, you must contact CWEA directly. For a list of test sites, visit www.cwea.org/cbt.shtml

Application Deadlines and Testing Windows	Identification Required at Test Site										
<p>Applications are valid for four testing windows.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Testing Window</th> <th style="text-align: left;">Application Deadline</th> </tr> </thead> <tbody> <tr> <td>January 2 through March 31</td> <td>November 29</td> </tr> <tr> <td>April 1 through June 30</td> <td>February 27</td> </tr> <tr> <td>July 1 through September 30</td> <td>May 29</td> </tr> <tr> <td>October 1 through December 31</td> <td>August 31</td> </tr> </tbody> </table>	Testing Window	Application Deadline	January 2 through March 31	November 29	April 1 through June 30	February 27	July 1 through September 30	May 29	October 1 through December 31	August 31	<p>You will be required to show proof of identification when checking in to sit for a test.</p> <p>Accepted proof of government issued identification:</p> <ul style="list-style-type: none"> ▪ Valid Photo Identification (e.g. drivers license) ▪ Valid Passport
Testing Window	Application Deadline										
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Rescheduling	Calculators										
<p>To reschedule a test, you must contact Pearson VUE at least one (1) business day to avoid losing your test fees. Mon.-Fri., 5:00 a.m.–5:00 p.m. PT; closed on local holidays.</p> <p>You may reschedule from your first testing window to the next without a fee. A \$40 fee is required if you reschedule a second time, moving into the third window from which you initially applied.</p> <p>To reschedule or cancel a test online visit www.pearsonVUE/cwea.com or call 888-749-3881.</p>	<p>An on-screen calculator will be available on all tests. You may bring your own only if it's shown in the approved calculator list.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: center;">Approved Calculator List</th> </tr> <tr> <th style="text-align: center;">Brand</th> <th style="text-align: center;">Model</th> </tr> </thead> <tbody> <tr> <td>Casio</td> <td>All fx-115 models in it's name is allowed.</td> </tr> <tr> <td>Texas Instruments</td> <td>All TI-30x and TI-36x models are allowed.</td> </tr> <tr> <td>Sharp</td> <td>EL models except EL—W516B and EL-W535 are allowed.</td> </tr> </tbody> </table>	Approved Calculator List		Brand	Model	Casio	All fx-115 models in it's name is allowed.	Texas Instruments	All TI-30x and TI-36x models are allowed.	Sharp	EL models except EL—W516B and EL-W535 are allowed.
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Refunds and Cancellations	Don't Lose your Test Fees										
<p>Refunds for cancelled test applications will take three weeks to process. Unapproved applications will receive a full refund of all fees paid to CWEA.</p> <p>Request a refund by contacting:</p> <p style="margin-left: 40px;">Email: icarino@cwea.org Call: (510) 382-7800 x 107 CWEA-TCP 7677 Oakport Street, Suite 600 Oakland, CA 94621</p>	<p>The following will result in losing all test fees:</p> <ul style="list-style-type: none"> ▪ Failing to cancel a scheduled test with Pearson VUE at least one (1) business day in advance (see <i>Rescheduling and Cancellation</i>) ▪ Arriving at the test site without proper ID (see <i>Identification Required at Test Site</i>) ▪ Arriving at the test site 15 minutes after the scheduled test time. Please plan on arriving 15 minutes early. 										
Retesting	ADA Accommodations										

