



RETEST ONLY

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

Test window (check only one):	Test dates in which you will take your test:	Application deadline (postmark):
<input type="checkbox"/> Spring	April 1 through June 30, 2009	February 27
<input type="checkbox"/> Summer	July 1 through September 30, 2009	May 29
<input type="checkbox"/> Fall	October 1 through December 31, 2009	August 31
<input type="checkbox"/> Winter	January 1 through March 31, 2010	November 30

I. IMPORTANT TESTING INFORMATION TO APPLICANTS

This form can only be used if you are re-taking a test you have taken no more than 1 year

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

1. Please send photocopies of all supporting documents for your testing eligibility to complete your application. Incomplete material can result in a delay for approval or denial to sit for the exam. **(We do NOT have access to old TCP applications.)**
2. Applications must be typed or printed neatly in ink. Illegible applications will be returned.
3. 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.
4. 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.
5. Under no circumstances are candidates allowed to sit for the same exam twice in the same window.

II. TECHNICAL CERTIFICATION APPLICATION INFORMATION

VOCATION	GRADE LEVEL			
	1	2	3	4
Member Fee (applies to current members only)	\$115	\$130	\$145	\$160
Non-Association member Fee*	\$247	\$262	\$277	\$292
	Check test applying for (check only one):			
Biosolid Land Application Management				
Collection System Maintenance				
Environmental Compliance (Industrial Waste) Inspector				
Laboratory Analysis				
Operator, Industrial Waste Treatment Plant				
Plant Maintenance				
Mechanical Technologist				
Electrical/Instrumentation				
<input type="checkbox"/> Please make me a member for one year. (Only for those applicants paying a non-association member fee*) (If you do not check this box, you will not become a member.)				

I am a current *CWEA/WEF member. Member number: _____ *Member must be in good standing.

NAME _____
 (Last) (First) (Middle)

AGENCY _____

PRIMARY ADDRESS* _____

- Home Address *Will be used for all CWEA mailing (Street) (Apt/Ste)
- Work Address

 (City) (State) (Zip +4)

WORK PHONE _____ HOME PHONE _____
 (Include area code)

E-MAIL (optional): _____ (to receive certification updates)

OFFICE USE ONLY

CWEA Staff:
 Reviewer: _____
 Approved: YES NO
 Date: _____

Subject Matter Expert:
 Reviewer: _____
 Approved: YES NO
 Date: _____

Application Appeal:
 Reviewer: _____
 Approved: YES NO
 Date: _____

Name of Applicant _____

III. DATE OF LAST TEST: _____

Please enter the date of the last exam you took (it must be no more than 1 year)

VI. 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.

V. 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.

VI. 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: _____

MUST PRINT & SUBMIT YOUR COMPLETED APPLICATION 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