

# RETEST APPLICATION FOR TECHNICAL CERTIFICATION

**To be eligible to use the retest application form, the application must be submitted within one year of original exam date.**

**Identification and Contact Information** Please type or print legibly in ink, illegible applications will be returned.

First name	MI	Last name
<i>(Your name must exactly match your government ID to be admitted to the testing center)</i>		
Email		
Job title	Employer	
Mailing address		
City	State	Zip
Work phone	Cell or home phone	

### Select your Exam Window

Exam window	Date range to take exam	Application deadline (postmark)
<input type="checkbox"/> FALL 2021	October 1 <sup>st</sup> – December 31 <sup>st</sup>	August 31 <sup>st</sup>
<input type="checkbox"/> WINTER 2022	January 1 <sup>st</sup> – March 31 <sup>st</sup>	November 30 <sup>th</sup>
<input type="checkbox"/> SPRING 2022	April 1 <sup>st</sup> – June 30 <sup>th</sup>	February 28 <sup>th</sup>
<input type="checkbox"/> SUMMER 2022	July 1 <sup>st</sup> – September 30 <sup>th</sup>	May 31 <sup>st</sup>

### Application Vocation and Grade Level

Vocation	Grade 1	Grade 2	Grade 3	Grade 4
Collection System Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Compliance 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"/>
Mechanical Technologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical/Instrumentation Technologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 explain 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 documentation with this application.

### 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.

**Non-Discrimination**

It is the policy of **CWEA** that it shall not discriminate among applicants as to age, race, religion, national origin, disability, sexual orientation or marital status.

**Retest Application Policy**

Candidates will be required to skip at least one exam window before they are eligible to retest. Candidates that tested within the first **15 days** of a window are not required to skip an exam window. There are no exceptions to this policy. To be eligible to use the retest application form, candidates must submit the application within one year of their original exam date. Candidates must meet the minimum qualifications of the exam for which they are applying. **CWEA** may require candidates to fill out a full application with job history to verify candidate meets the minimum requirements. Use of a retest application does not guarantee approval for any exam.

**Signature of Applicant** Application will not be processed without signature.

I, the undersigned, certify that I am the above named applicant; the 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 of 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 reproducing or transmitting the exam content in any form, verbal, writer or electronic. I have read and understand the **CWEA** Technical Certification Program policies available in the TCP Candidate Handbook.

**Signature of Applicant**

**Date** MM-DD-YYYY

**Fees**

Grade Level	Grade 1	Grade 2	Grade 3	Grade 4
Non-Member Rate	<input type="checkbox"/> \$372	<input type="checkbox"/> \$387	<input type="checkbox"/> \$402	<input type="checkbox"/> \$417
<b>CWEA Member Discount Rate</b>	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210	<input type="checkbox"/> \$225

Non-Member rate includes one-year **CWEA** membership. If you do not wish to take advantage of the membership, please note on application. Membership is non-refundable. Applicants that are not approved will receive a refund of the application fee minus a \$40 administrative fee within two weeks of receiving notification.

**Payment Information**

Type of payment	If paying with a credit card, fill out section below	
<input type="checkbox"/> Agency Check # _____	Card Number	
<input type="checkbox"/> Money Order	Expiration Date	
<input type="checkbox"/> Personal Check # _____	Amount authorized to charge \$	
<input type="checkbox"/> Credit Card	Name on card	
*Make check payable to <b>CWEA-TCP</b>	Cardholder signature	
	Type of card	<input type="checkbox"/> Agency <input type="checkbox"/> Personal

Send your completed application, along with the appropriate fees to the **CWEA** address or email applications to [MemberServices@cwea.org](mailto:MemberServices@cwea.org)

Incomplete applications will result in a delay of approval or rejection.

**CWEA TCP**  
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