



CWEA OFFICE USE ONLY

Primary Reviewer:

Approved: ☐ Yes ☐ No

Notes:

APPLICATION FOR TECHNICAL CERTIFICATION

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	
Are you a military veteran?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Select your Exam Window

Exam window	Date range to take exam	Application deadline (postmark)
<input type="checkbox"/> FALL 2023	October 1 st - December 31 st	August 31 st
<input type="checkbox"/> WINTER 2024	January 1 st - March 31 st	November 30 th
<input type="checkbox"/> SPRING 2024	April 1 st - June 30 th	February 28 th
<input type="checkbox"/> SUMMER 2024	July 1 st - September 30 th	May 31 st

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"/>

Current Level of Certification If you are currently certified with CWEA fill out this section.

Are you currently certified with CWEA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vocation and grade level of certification		

Education Check highest level of education received. Provide a copy of your degree or unofficial college transcripts if using as your qualifying education experience.

<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> BA/BS degree (4-year degree)
<input type="checkbox"/> Some college (no degree earned)	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Associate degree (2-year degree)	

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.

Qualifying Experience History If applying for Grade 2 and above fill out this section. Applicants must meet minimum requirements at the time they apply.

Current Employment. If multiple positions were held at the same employer, list previous positions separately under employment history. If applying for a Grade 4, indicate management experience.

Current employer		Phone	
Current job title			
Start date MM-DD-YYYY	End date MM-DD-YYYY	Total time	_____years _____months
<input type="checkbox"/> Full-time position <input type="checkbox"/> Part-time position		If part-time, how many hours per week? _____hours/week	

Job Duties. *Attach a copy of your job description. If unavailable, provide a detailed description of your primary job duties in the space below or as an attachment.*

Verification of Employment. To be completed by supervisor or human resource.

I, _____ acknowledge that the dates of employment and job duties as described above are true and correct to the best of my knowledge. I am responsible for the supervision and/or hiring of this individual and am aware of his daily job duties.

Supervisor's/HR name		Title
Supervisor's/HR signature		Phone
Date	Email	

Past Employment History. List other applicable job experience in vocation. If applying for a Grade 4, indicate management experience.

Employer		Phone	
Job title			
Start date MM-DD-YYYY	End date MM-DD-YYYY	Total time	_____years _____months
<input type="checkbox"/> Full-time position <input type="checkbox"/> Part-time position		If part-time, how many hours per week? _____hours/week	

Supervisor's name	Supervisor's phone
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Job Duties. *Attach a copy of your job description. If unavailable, provide a detailed description of your primary job duties in the space below or as an attachment.*

Past Employment History. List other applicable job experience in vocation. If applying for a Grade 4, indicate management experience.

Employer		Phone	
Job title			
Start date MM-DD-YYYY	End date MM-DD-YYYY	Total time	_____years _____months
<input type="checkbox"/> Full-time position <input type="checkbox"/> Part-time position		If part-time, how many hours per week? _____hours/week	

Supervisor's name	Supervisor's phone
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Job Duties. *Attach a copy of your job description. If unavailable, provide a detailed description of your primary job duties in the space below or as an attachment.*

Total time of qualifying experience (total all)	_____years	_____months
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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.

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 reproducing or transmitting the exam content in any form, verbal, writer or electronic is prohibited. 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
Member Discount Rate	<input type="checkbox"/> \$192	<input type="checkbox"/> \$207	<input type="checkbox"/> \$222	<input type="checkbox"/> \$237

Membership must be current with Hawai'i Water Environment Association in order to receive member fee listed above. CWEA will verify that current membership is held with HWEA. Applicants that are not approved will receive a refund of the application fee minus a \$50 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 CWEA-TCP	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	CWEA TCP 7677 Oakport St Suite 1030 Oakland CA 94621-1944
Incomplete applications will result in a delay of approval or rejection.	Phone 510.382.7800

APPLICATION CHECK LIST

DO NOT SUBMIT THIS CHECK LIST WITH YOUR APPLICATION

☐ Do you meet the minimum qualifications for the Grade Level you are applying for? (Please see links for specific vocations below)

- [CSM](#)
- [ECI](#)
- [EIT](#)
- [LAB](#)
- [MT](#)

☐ Supervisor's signature (if testing for Grade 2 and above)

☐ Your signature on 3rd page under Signature of Applicant section (see arrow on pg. 3 of application for reference)

☐ Job description from employer(s) (if testing for Grade 2 and above)

☐ Reviewed policies in [Candidate Handbook](#)

☐ Payment Information

Include documents if applicable:

☐ Proof of degree or unofficial transcripts

☐ Letter from physician – ADA Accommodations