



CWEA OFFICE USE ONLY

Primary Reviewer:  
Notes:

Approved:  Yes  No

## 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 2024	October 1 <sup>st</sup> – December 31 <sup>st</sup>	August 31 <sup>st</sup>
<input type="checkbox"/> WINTER 2025	January 1 <sup>st</sup> – March 31 <sup>st</sup>	November 30 <sup>th</sup>
<input type="checkbox"/> SPRING 2025	April 1 <sup>st</sup> – June 30 <sup>th</sup>	February 28 <sup>th</sup>
<input type="checkbox"/> SUMMER 2025	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"/>

**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"/> Some college (no degree earned) <input type="checkbox"/> Associate degree (2-year degree)	<input type="checkbox"/> BA/BS degree (4-year degree) <input type="checkbox"/> Graduate degree
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**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 their 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
Application Fee	<input type="checkbox"/> \$304	<input type="checkbox"/> \$319	<input type="checkbox"/> \$334	<input type="checkbox"/> \$349
Member Discount Rate	<input type="checkbox"/> \$209	<input type="checkbox"/> \$224	<input type="checkbox"/> \$239	<input type="checkbox"/> \$254

Membership must be current with Michigan Water Environment Association in order to receive member fee listed above. CWEA will verify that current membership is held with MWEA. 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 # _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Credit Card *Make check payable to CWEA-TCP	Card Number
	Expiration Date
	Amount authorized to charge \$
	Name on card
	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**  
 7677 Oakport St Suite 1030  
 Oakland CA 94621-1944

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