



CWEA OFFICE USE ONLY

Primary Reviewer:
Notes:

Date:

Approved: Yes No

RETEST 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	

Select your Exam Window

Exam window	Date range to take exam	Application deadline (postmark)
<input type="checkbox"/> FALL 2020	October 1 st - December 31 st	August 31 st
<input type="checkbox"/> WINTER 2021	January 1 st - March 31 st	November 30 th
<input type="checkbox"/> SPRING 2021	April 1 st - June 30 th	February 28 th
<input type="checkbox"/> SUMMER 2021	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"/>
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"/>
Industrial Waste Treatment Plant Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biosolid Land Application Management	<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 documentations 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
Application Fee	<input type="checkbox"/> \$257	<input type="checkbox"/> \$272	<input type="checkbox"/> \$287	<input type="checkbox"/> \$302
Member Discount Rate	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210	<input type="checkbox"/> \$225

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 \$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 # _____ <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

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

CWEA TCP
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 Oakland CA 94621-1944

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