



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

Select the date range in which you would like to take your test (check only one):	We must receive your application by:
<input type="checkbox"/> January 5 through March 31, 2009	November 30
<input type="checkbox"/> April 1 through June 30, 2009	February 28
<input type="checkbox"/> July 1 through September 30, 2009	May 31
<input type="checkbox"/> October 1 through December 31, 2009	August 31

I. IMPORTANT TESTING INFORMATION TO APPLICANTS

(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. This form can only be used if you are re-taking a test you have taken no more than 1 year.
2. Incomplete material can result in a delay for approval or denial to sit for the exam.
3. Applications must be typed or printed neatly in ink. Illegible applications will be returned.
4. 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 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.
5. To reschedule or cancel an exam, you must contact our testing administrator, Pearson Vue at least 24 hours in advance to avoid losing your exam fee.
6. 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.
7. Under no circumstances are candidates allowed to sit for the same exam twice in the same window.

II. TECHNICAL CERTIFICATION RE-TEST APPLICATION INFORMATION (Please print clearly and check only one)

VOCATION	GRADE LEVEL			
	1	2	3	4
Biosolids Land Application Management				
Collection System Maintenance				
Environmental Compliance (Industrial Waste) Inspector				
Laboratory Analysis				
Operator, Industrial Waste Treatment Plant				
Plant Maintenance				
Mechanical Technologist				
Electrical/Instrumentation				
Circle fee enclosed:				
Member Fee (applies to current members only)	\$115	\$130	\$145	\$160
Non-Association member Fee	\$247	\$262	\$277	\$292
<input type="checkbox"/> Please make me a member for one year at no additional cost. (If you do not check this box, you will not become a member.)				

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

NAME _____
(Last) (First) (Middle)

AGENCY _____

PRIMARY ADDRESS* _____
*Will be used for all CWEA mailing (Street) (Apt/Ste)

Home Address
 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 Review: Reviewer: _____ Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____
Subject Matter Expert Review: Reviewer: _____ Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____

III. **DATE OF LAST TEST:** _____
Please enter the date of the last exam you took (it must be no more than 1 year)

IV. 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: _____

SEND YOUR COMPLETED APPLICATION, ALONG WITH THE APPROPRIATE FEE, DIRECTLY TO:

**CWEA TCP
7677 Oakport St., STE 600
Oakland, CA 94621
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

Technical Certification Program Qualifying Combinations

GRADE 1		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
	NONE REQUIRED TO TAKE TEST	NONE REQUIRED TO TAKE TEST
GRADE 2		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	4 full-time years in vocation
B	Hold Grade 1 certificate in vocation for 1 year	2 full-time years in vocation
C	Associate's, or higher, degree in a related field	2 full-time years in vocation
D	Bachelor's, or higher, degree in a related field	1 full-time year in vocation
GRADE 3		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	6 full-time years in vocation
B	Hold Grade 2 certificate in vocation for 2 years	4 full-time years in vocation
C	Associate's, or higher, degree in a related field	4 full-time years in vocation
D	Bachelor's, or higher, degree in a related field	3 full-time years in vocation
GRADE 4		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	8 full-time years in vocation with 1 year supervising others
B	Hold Grade 3 certificate in vocation for 2 years	6 full-time years in vocation with 1 year supervising others
C	Associate's, or higher, degree in a related field	6 full-time years in vocation with 1 year supervising others
D	Bachelor's, or higher, degree in a related field	5 full-time years in vocation with 1 year supervising others

Technical Certification Program Local Section Chairs

For help with study preparation for the TCP exam, an active local chair person can help you get connected with the right resources.

Local Section

Colorado River Basin (CORBS)
 Central San Joaquin (CSJS)
 Desert and Mountain (DAMS)
 Golden Empire (GES)
 Hawaii (HIK)
 Los Angeles Basin (LABS)
 Michigan (MICH)
 Monterey Bay (MB)
 North Coast (NC)
 Northern San Joaquin (NSJ)
 Northern Sacramento Valley
 (NSVR)
 (NSVY)
 Redwood Empire (RED)
 Sacramento (SAC)
 San Diego (SD)
 Santa Ana River Basin
 Santa Clara Valley (SCV)
 San Francisco Bay (SFB)
 Sierra (SRA)
 Tri-Counties

*LS Chair

Javier Villarreal
 Robert Currie
 Robert Renison
 Robert Cole
 John Nishimura
 Kris Flaig
 Jeanette Best
 Larry Brown
 Jeff Underwood
 Heather Grove

 Stuart Zanni
 Stan Gryczko
 Ted Whiton
 Mike Neri
 Steve Taylor
 Ed Peterson
 Joanna De Sa
 Angelino Santos
 Ben Malone
 Brad Glassman

Phone

760-345-1600
 559-896-4420
 909-338-3245
 661-862-8985
 808-944-1821
 310-648-5489
 989 759-1631
 831-624-1248X284
 707-443-4558
 209-333-6749

 530-224-6051
 530-822-7698
 707-523-1010
 916-496-6377
 858-614-4044
 949 837-7050x104
 408-730-7261
 510-276-4700
 530-587-2525
 818-251-2333

Email:

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kris.flaig@lacity.org
jbest@saginaw-mi.com
brown@cawd.org
junderwood@ci.eureka.ca.gov

szanni@ci.redding.ca.us
sgryczko@yubacity.net
tedwhiton@w-and-k.com
mneri@folsom.ca.us
sktaylor@sandiego.gov
epeterson@etwd.com
JDeSa@ci.sunnyvale.ca.us
acs@santosac.com
bmalone@tsa.net
bglassman@lvmwd.com

*Contact your Local Section chairs to get connected to the right study groups/sessions and resources in your area.

Visit CWEA's web site for more information

For information about test content outlines, study references, study sessions, policies, candidate handbooks, and applications, please visit CWEA's website at www.cwea.org/cert

CWEA Technical Certification Program Policy Description

Space is limited at all test sites. To ensure your accommodations are met by Pearson VUE, please send your test application early during the application period of your preferred testing window. It is your responsibility to schedule your test with Pearson VUE. If you do not schedule a test within the preferred window, you must contact CWEA directly. For a list of test sites, visit www.cwea.org/cbt.shtml

Application Deadlines and Testing Windows

Applications are valid for four testing windows.

Testing Window	Application Deadline
January 2 through March 31	November 30
April 1 through June 30	February 28
July 1 through September 30	May 31
October 1 through December 31	August 31

Rescheduling

To reschedule a test, you must contact Pearson VUE at least one (1) business day to avoid losing your test fees. Mon.-Fri., 5:00 a.m.–5:00 p.m. PT; closed on local holidays.

You may reschedule from your first testing window to the next without a fee. A \$40 fee is required if you reschedule a second time, moving into the third window from which you initially applied.

To reschedule or cancel a test online visit www.pearsonVUE/cwea.com or call 888-749-3881.

Refunds and Cancellations

Refunds for cancelled test applications will take three weeks to process. Unapproved applications will receive a full refund of all fees paid to CWEA.

Request a refund by contacting:

Email: icarino@cwea.org
Call: (510) 382-7800 x 107
CWEA-TCP
7677 Oakport Street, Suite 600
Oakland, CA 94621

Retesting

If you do not achieve a passing score on your test, you will need to reapply and pay the appropriate test fees.

You must skip a testing window before reattempting the test again. Under no circumstance will you be allowed to retake the same test in the same or next testing window.

Identification Required at Test Site

You will be required to show proof of identification when checking in to sit for a test.

Accepted proof of government issued identification:

- Valid Photo Identification (e.g. drivers license)
- Valid Passport

Calculators

An on-screen calculator will be available on all tests. You may bring your own only if it's shown in the approved calculator list.

Approved Calculator List	
Brand	Model
Casio	All fx-115 models in it's name is allowed.
Texas Instruments	All TI-30x and TI-36x models are allowed.
Sharp	EL models except EL—W516B and EL-W535 are allowed.

Don't Lose your Test Fees

The following will result in losing all test fees:

- Failing to cancel a scheduled test with Pearson VUE at least one (1) business day in advance (see *Rescheduling and Cancellation*)
- Arriving at the test site without proper ID (see *Identification Required at Test Site*)
- Arriving at the test site 15 minutes after the scheduled test time. Please plan on arriving 15 minutes early.

ADA Accommodations

Proper documentations regarding your learning disability must be submitted if requesting ADA accommodations during a test. Documents must be received no later than the application period.

You must:

- Submit a letter from a learning specialist or physician who performed your diagnosis