



APPLICATION FOR NEWWA CROSS CONNECTION CONTROL SURVEYOR RECERTIFICATION

PART A (General Information To Be Completed By All Applicants)



NEWWA Cross Connection Control
Surveyor Certification # _____

AWWA/NEWWA Memb # _____

1. NAME: _____
Last First MI.

In Item #2 please provide the address where you want to receive mail and also have published in the Association's list of Certified Cross Connection Control Surveyors.

2. Mail/Published Address (Check One): ☐ Business ☐ Home

3. Home Address (if different) _____

City: _____ State: _____ Zip: _____

4. Employer/Business Name: _____

Bus. Address: _____ City: _____ State: _____ Zip: _____

5. Present Position/Title: _____

6. Business Phone: (____) _____ Home Phone: (____) _____

7. Fax #: _____ Email Address: _____

PART B (Recertification Criteria) Check One and Complete Only One Section

I. _____ Evidence of One Continuing Education Unit (CEU) and Passing of the Written Examination. (Copy of CEU Certificate enclosed, Written Examination date selected from training calendar).

II. _____ Copies of each survey report from ten discrete surveys performed (must be enclosed with application).

(over)

For Office Use: D/E _____ Fee Paid _____ Cert# _____ New Exp _____ Scheduled _____ Doc _____ PO# _____

III. _____ Summary Sheet listing the number of facilities surveyed during certification period (use enclosed form or follow exact format).

If you selected Option I, or you selected Option II or III and performed less than ten cross connection control surveys, you must register for the written examination. Please write in the examination date chosen.

Note: Consult the Training Calendar on newwa.org for dates. The written examination is administered on the last day of each Cross Connection Control Surveyor Training and Certification Course.

1. Date of Written Examination

1st Choice Date

2nd Choice Date

PART C - Fees

A. Recertification Options II or III with ten or more surveys performed (No examinations) - **Check ONLY - NO PO'S Please** \$100.00

B. Recertification Option I, and Options II and III with less than ten surveys performed (Written Examination required) \$160.00
Check or purchase order for B

I hereby apply for recertification as a Cross Connection Control Surveyor. I attest that all information listed herein and documentation submitted is correct and true and am aware that any misinterpretation may lead to revocation of my certification. I further understand this certification does not entitle me to perform work which does not conform with applicable laws, duties and regulations of the jurisdiction in which work is done.

Applicant's Signature

Date

Fee Enclosed

Return completed application and fee (check or P.O.) to:

NEWWA
125 Hopping Brook Road
Holliston, MA 01746-1471