



## 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)

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

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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 enclosed Training Calendar 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

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**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) \$125.00  
**Check or purchase order for B**

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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**

**SUMMARY SHEET OF FACILITIES SURVEYED**  
**Recertification Option III - NEWWA Cross Connection Control Surveyor**

**Example:**

Date(s) Facility Name: XYZ Corporation  
of Survey Facility Address: 123 Main Street  
04/22/96 Anytown, MA 01234  
to Contact Person: James D. Smith Phone #( 508 ) 555-1234

1) Date(s) Facility Name: \_\_\_\_\_  
of Survey Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
to \_\_\_\_\_

2) Date(s) Facility Name: \_\_\_\_\_  
of Survey Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
to \_\_\_\_\_

3) Date(s) Facility Name: \_\_\_\_\_  
of Survey Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
to \_\_\_\_\_

4) Date(s) Facility Name: \_\_\_\_\_  
of Survey Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
to \_\_\_\_\_

5) Date(s) Facility Name: \_\_\_\_\_  
of Survey Facility Address: \_\_\_\_\_  
\_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_  
to \_\_\_\_\_

C  
**SUMMARY SHEET OF FACILITIES SURVEYED**  
**Recertification Option III - NEWWA Cross Connection Control Surveyor**

6) Date(s) of Survey \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

7) Date(s) of Survey \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

8) Date(s) of Survey \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

9) Date(s) of Survey \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

10) Date(s) of Survey \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #( ) \_\_\_\_\_

I attest that all information listed here is correct and that I performed the surveys on the specified dates.

\_\_\_\_\_  
Signature Date