

# CWP APPLICATION



Fax to: 979-458-1426 or  
 Mail to: TEEX-ITSI  
 PO Box 40006  
 College Station, TX 77842-4006  
 For more information, phone 800-723-3811

## CWP for which you are applying (select one)

- Drinking Water Track**  
 **Wastewater Track**  
 **Water/Wastewater Track**

Please complete in black or blue ink.

Applicant's Name <i>(As it will appear on certificate)</i>	TEEX Student ID* (or last four of Social Security Number**)
Organization	Supervisor's Name
Applicant's Shipping Address <i>(NO P.O. Boxes)</i>	City, State, ZIP Code
Phone	Fax
Email	

\*New students will receive a student ID number from TEEX. \*\*Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state or local government agency requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. (Call 800-SAFE-811 or 800-723-3811 for full privacy statement.)

## State Licensing (Attach copy of license to application)

Issuing Agency	Class of License	Expiration Date

## DO NOT EMAIL THIS FORM

For your security and ours, TEEX cannot accept personal information such as social security numbers or credit card information via email.

**Payment Information** – Advance registration is required. Payment must accompany registration.

**Application Fee = \$200 (NOTE: This fee is nonrefundable.)**

**Arrange payment by one of the following methods:**

1.  Check\*\*\*/Money Order/Cashier's Check enclosed payable to **TEEX** - *(Please add course number, course name, and course date)*
2.  Purchase Order *(Copy of official and signed company PO must be attached. TEEX will send you an invoice)*
3.  Credit Card
  - MasterCard     VISA     American Express     Discover     PIN-less Debit Card

(Print) Name on card \_\_\_\_\_ Last 4 Digits of card number: \_\_\_\_\_

Signature \_\_\_\_\_ Billing zip code: \_\_\_\_\_

TEEX CUSTOMER CARE

FOR CUSTOMER SECURITY: REQUIRED INFORMATION BELOW WILL BE DESTROYED ONCE PAYMENT IS PROCESSED

TEEX CUSTOMER CARE

CUT AND SHRED ALL BELOW

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ (MM/YY)

CUT AND SHRED ALL BELOW

\*\*\*By sending your check, please be aware that you are authorizing the Texas A&M Engineering Extension Service (TEEX) to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of the check; no additional amount will be added to the amount and ALL transactions will remain secure. Please contact TEEX's Financial Services Department at 979-458-6906 to learn about other payment options if you prefer NOT to have your check used in this way. We value your business and appreciate your selecting TEEX for your training needs.



# DOCUMENTED WORK EXPERIENCE SUBMISSION FORM

Make as many copies as necessary.

Employee's Name	Employee's Position/Title
Employer	Supervisor's Name
Employer's Address	Employer's Phone Number
Employment Date - From	Employment Date - To

Detailed list of process control related operations and/or distribution duties:


**Work Experience\*\*\***

Make as many copies as may be necessary to meet the work experience requirement. Minimum of four (4) years documented work experience is required.

\*\*\* Acceptable work experience is considered the actual performance of job tasks in a public water supply system or wastewater treatment system that is considered essential for the treatment or distribution of drinking water.



# TRAINING COMPLETED FORM

NOTE: Up to 1/2 of the courses may be transferred/accepted from another training provider approved by TEEEX.

Course Number	Course Name	Location	Date Taken	Credit Hours

\*\*\*Training must be verifiable. (Copies of certificates of completion may be required or copies of transcripts from TCEQ or TEEEX may also be required.)

**I certify the above information is true and correct.**

Applicant's Signature	Applicant's Printed Name
Date	Applicant's Phone Number