

# IOWA ONSITE WASTE WATER ASSOCIATION (IOWWA)

## Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) Credential TEST APPLICATION – complete all steps.

### Step 1. Name and Address of Applicant

|             |  |           |       |     |
|-------------|--|-----------|-------|-----|
| First Name  |  | Last Name |       |     |
| Affiliation |  |           |       |     |
| Address     |  | City      | State | Zip |
| Phone       |  | Cell      |       |     |
| EMAIL       |  |           |       |     |

### Special Accommodations

|                                                                   |
|-------------------------------------------------------------------|
| Please provide the type of special accommodations you may require |
|                                                                   |

### Credential Requirements:

1. For both the Basic and Advanced Levels you must verify that you are at least 16 years old. Proof of age must be submitted prior to taking the test at the test site (e.g. copy of driver's license or birth certificate).
2. If less than one (1) year experience, completion of the Installation Overview Course is required. How many years of experience do you have working in the onsite wastewater industry? \_\_\_\_\_  
(Not applicable if course taken within the last 6 months).

### Step 2. Fees and Payment Information

#### EXAM FEE:

Check all that applies:

|                          |                | Member   | Non-member |
|--------------------------|----------------|----------|------------|
| <input type="checkbox"/> | *BASIC LEVEL   | \$184.00 | \$209.00   |
| <input type="checkbox"/> | ADVANCED LEVEL | \$204.00 | \$229.00   |

|                          |                                                                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES! I would like to join IOWWA <a href="https://www.iowwa.com/pages/membershipapplication">https://www.iowwa.com/pages/membershipapplication</a> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

\*Iowa counties requiring the CIOWTS credential use the Basic Level credential as the standard.

#### PAYMENT OPTIONS :(IOWWA EIN# 42-1483264)

Check Payable to "IOWWA", mail to:

IOWWA, c/o Penny Andorf

P. O. Box 322, Hudson IA 50643

|                                                                                                                   |         |
|-------------------------------------------------------------------------------------------------------------------|---------|
| Credit Card – Email completed form to <a href="mailto:penny@iowwa.com">penny@iowwa.com</a> or fax: 1-480-802-6643 |         |
| Card #:                                                                                                           | Expire: |
| Billing Statement Zip Code (MUST include):                                                                        | CVV:    |
| Cardholder email:                                                                                                 |         |
| Typed Signature:                                                                                                  |         |

### Step 3. ADVANCED LEVEL ONLY - Work Experience Verification

The following must be signed by a **third party** to be used to verify a minimum of two (2) years work experience in installation of onsite wastewater treatment systems by the applicant for the Advanced Level Credential. Verifications may be provided by a supervisor, local/county/state health department, or CIOWTS certified co-worker that works with you. I verify that (applicant's name) \_\_\_\_\_ has a minimum of two (2) years work experience in installation of onsite wastewater treatment systems.

**Please note: Individuals providing verification of work experience may be contacted by IOWWA during a random application audit.** Person verifying applicant's work experience in installation of wastewater treatment systems, please complete the following:

|                    |  |                  |              |             |
|--------------------|--|------------------|--------------|-------------|
| <b>First Name</b>  |  | <b>Last Name</b> |              |             |
| <b>Affiliation</b> |  |                  |              |             |
| <b>Address</b>     |  | <b>City</b>      | <b>State</b> | <b>Zip</b>  |
| <b>Phone</b>       |  | <b>Cell</b>      |              |             |
| <b>EMAIL</b>       |  |                  |              |             |
| <b>Signature</b>   |  |                  |              | <b>Date</b> |

### Step 4. Professional Conduct Questions – Signature Required:

Have you ever had a professional certification, registration and or license revoked, suspended, sanctioned, or had any disciplinary action against you either in the United States or another country?

☐ Yes ☐ No

If YES, please explain in detail the circumstances on an attached sheet

Have you ever been convicted of a felony or ☐ Yes ☐ No misdemeanor?

If YES, please explain in detail the circumstances on an attached sheet showing the charge, date and location of conviction.

|                                                                  |             |
|------------------------------------------------------------------|-------------|
| <b>Signature of Applicant</b><br>(Electronic signature accepted) | <b>Date</b> |
|------------------------------------------------------------------|-------------|

**Step 5. Demographic Survey** - The demographic survey questions **must** be answered to complete processing your application. If not completed, your application will be considered incomplete. Please respond to all questions. **Note:** All your answers will be kept confidential. Answers to your questions will in no way affect your exam eligibility.

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                     |                          |                             |                          |                    |                          |              |                          |             |                          |       |  |  |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|--------------------------|--------------------|--------------------------|--------------|--------------------------|-------------|--------------------------|-------|--|--|
| <b>1. Highest level of education:</b>                                                             |                                                                                                                                                                                                                                                                                                                                     |                          |                             |                          |                    |                          |              |                          |             |                          |       |  |  |
| <b>2. Which best matches the type of business for your current employer? Check all the apply.</b> | <table><tr><td><input type="checkbox"/></td><td>Installer</td><td><input type="checkbox"/></td><td>Pumper/Maintenance</td></tr><tr><td><input type="checkbox"/></td><td>Manufacturer</td><td><input type="checkbox"/></td><td>Regulator</td></tr><tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td></tr></table> | <input type="checkbox"/> | Installer                   | <input type="checkbox"/> | Pumper/Maintenance | <input type="checkbox"/> | Manufacturer | <input type="checkbox"/> | Regulator   | <input type="checkbox"/> | Other |  |  |
| <input type="checkbox"/>                                                                          | Installer                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Pumper/Maintenance          |                          |                    |                          |              |                          |             |                          |       |  |  |
| <input type="checkbox"/>                                                                          | Manufacturer                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Regulator                   |                          |                    |                          |              |                          |             |                          |       |  |  |
| <input type="checkbox"/>                                                                          | Other                                                                                                                                                                                                                                                                                                                               |                          |                             |                          |                    |                          |              |                          |             |                          |       |  |  |
| <b>3. What type of job would most accurately describe your current employment?</b>                |                                                                                                                                                                                                                                                                                                                                     |                          |                             |                          |                    |                          |              |                          |             |                          |       |  |  |
| <b>4. What other service do you provide?</b>                                                      |                                                                                                                                                                                                                                                                                                                                     |                          |                             |                          |                    |                          |              |                          |             |                          |       |  |  |
| <b>5. What systems do you have experience with? Check all that apply.</b>                         | <table><tr><td><input type="checkbox"/></td><td>Soil Absorption<br/>Trenches</td><td><input type="checkbox"/></td><td>At-grade</td><td><input type="checkbox"/></td><td>Mound</td><td><input type="checkbox"/></td><td>Sand Filter</td></tr></table>                                                                                | <input type="checkbox"/> | Soil Absorption<br>Trenches | <input type="checkbox"/> | At-grade           | <input type="checkbox"/> | Mound        | <input type="checkbox"/> | Sand Filter |                          |       |  |  |
| <input type="checkbox"/>                                                                          | Soil Absorption<br>Trenches                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | At-grade                    | <input type="checkbox"/> | Mound              | <input type="checkbox"/> | Sand Filter  |                          |             |                          |       |  |  |

☐Biofilter (textile,  
Coco, Peat, ect.)☐

ATU

☐

Other

**Step 6. Code of Ethics for Credentialed Professionals | Statement of Affirmation**

As an environmental professional, credentialed by the Iowa Onsite Waste Water Association, I hereby acknowledge, accept, and profess to abide by the following code of conduct:

- a) If my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- b) I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- c) While performing my duties, I will conduct myself in a professional manner befitting my credentialed status.
- d) I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential.
- e) I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- f) I commit that my professional goal is to serve my community by doing whatever I can do while carrying out my professional responsibilities to maintain and provide a healthful environment for all.

I do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect and are made in good faith.

|                                 |             |
|---------------------------------|-------------|
| <b>Signature of Applicant X</b> | <b>Date</b> |
|---------------------------------|-------------|

**Checklist and Application Submission Instructions****Basic Level:**

- ☐ Completed and signed where applicable.
- ☐ Proof of age (e.g., Copy of Driver's license or birth certificate) to submitted at test site.

**Advanced Level:**

- ☐ Completed Step 4 Work Experience Verification; signed where applicable.
- ☐ Proof of age (e.g., Copy of Driver's license or birth certificate) submitted at test site.

**SUBMIT YOUR APPLICATION**

**Preferred Method:** Please EMAIL your completed CIOWTS test application to [penny@iowwa.com](mailto:penny@iowwa.com) or FAX to 1-480-802-6643. If paying by credit card on the application, no further action is required.

If not able to use the *preferred method*, mail to the below address at least 2 weeks prior to test date.

**For payment by check, please submit your application by email (preferred) or fax and mail payment to:**

Iowa Onsite Waste Water Association (IOWWA)  
c/o Penny Andorf, Association Administrator  
P. O. Box 322, Hudson IA 50643

If you have any questions or need assistance completing this application, please contact IOWWA.

E-mail: [penny@iowwa.com](mailto:penny@iowwa.com) | Phone: 515-225-1051 | Fax: 480-802-6643

IOWWA--EIN# 42-1483264 | [www.iowwa.com](http://www.iowwa.com)