

# 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 and Last Name: \_\_\_\_\_

IOWWA Membership # (if applicable): \_\_\_\_\_ (If a new member, IOWWA will complete.)

Affiliation/Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Special Accommodations

Yes – please provide the type of special accommodations you may require \_\_\_\_\_

### NOTES:

- 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) Iowa counties currently requiring the CIOWTS credential have set the Basic Level credential as the standard.

### Step 2. Fees and Payment Information

#### EXAM FEE:

	<u>Member</u>	<u>Non-member</u>
<input type="checkbox"/> BASIC LEVEL	\$125.00	\$150.00
<input type="checkbox"/> ADVANCED LEVEL	\$145.00	\$170.00
<input type="checkbox"/> YES! I would like to join IOWWA		

On-line application [www.iowwa.com/pages/membershipapplication](http://www.iowwa.com/pages/membershipapplication)

#### PAYMENT:

Check payable to "IOWWA", check # \_\_\_\_\_ (mailing instructions on page 3)

Credit Card payment (*Visa/MasterCard only*) complete ALL items

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Amount to Process: \$ \_\_\_\_\_

Credit Card Billing Statement Zip Code: \_\_\_\_\_ (Must be completed to process charge)

Authorized Signature: \_\_\_\_\_

Cardholder email if different from above: \_\_\_\_\_

### **Step 3. Work Experience Verification (Required for ADVANCED LEVEL ONLY)**

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. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or CLOWTS 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:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. 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

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

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

**Signature of Applicant X** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Step 5. Demographic Survey**

The demographic survey questions **must** be answered in order to complete processing your application. Your answers will provide IOWWA with valuable demographic information that will be utilized to further enhance our credentialing program. If not completed, your application will be considered incomplete. Please respond to all questions. **Note:** All of your answers will be kept confidential. Answers to your questions will in no way effect your exam eligibility.

1. Highest level of education: \_\_\_\_\_

2. How many years of experience do you have working in onsite wastewater industry? \_\_\_\_\_

3. Which best matches the type of business for your current employer? Check all that apply.

Installer  Pumper / Maintenance  Manufacturer  Regulator  Other

4. What type of job would most accurately describe your current employment? \_\_\_\_\_

5. What other services do you provide? \_\_\_\_\_

6. What types of systems do you have experience with? Check all that apply.

Soil absorption trenches  At-grade  Mound  Sand filter

Biofilter (textile, Coco, Peat, etc.)  ATU  Other \_\_\_\_\_

## **Step 6. IOWWA Code of Ethics for Credentialed Professionals and 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) As long as 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) In the course of 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 am able to do in the course of 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.

**Signature of Applicant X** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **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) submit 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) submit at test site.

## **SUBMIT YOUR APPLICATION**

**Preferred Method:** Please EMAIL your completed CLOWTS test application to [shirley@avinsandinc.com](mailto:shirley@avinsandinc.com) or FAX to 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 one week prior to test date.**

**For payment by check, please submit your application by email or fax if possible and then mail the application and payment to:**

Iowa Onsite Waste Water Association (IOWWA)  
C/o Matt Vinsand, IOWWA Executive Director  
16027 Northpark Drive, Urbandale IA 50323

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

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

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