

**TEXAS WATER UTILITIES ASSOCIATION  
CUSTOMER SERVICE SECTION**

**APPLICATION  
FOR CUSTOMER SERVICE CERTIFICATION**

Applicant's Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

T.W.U.A. – C.S.S. Member? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ District/Chapter: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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

Application is for (Check One)

Level D \_\_\_\_\_ Level C \_\_\_\_\_

Level B \_\_\_\_\_ Level A \_\_\_\_\_

CSP \_\_\_\_\_

*Note:*

*Effective June 30, 2001 payment of a \$25.00 Application Fee for members (or \$50.00 for non-members) must accompany this Application. Applications postmarked after June 30, 2001 will not be processed without payment. Also, note that the Application Fee will increase to \$55.00 for members and \$100.00 for non-members without formal notice and once testing is implemented.*

**Supervisor's Certification**

I hereby certify that the above named applicant has \_\_\_\_\_ years of experience as a Customer Service Professional.

\_\_\_\_\_  
Signature Printed Name/Title Date

**Applicant's Affirmation**

I hereby certify that I have completed the qualifications for the level of certification marked hereon, and that the above information is true and correct to the best of my knowledge. I understand that any false or misleading statements made hereon may be grounds for revoking any certificate which may be issued pursuant to this application.

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

**Mail completed Application with Payment to:  
Texas Water Utilities Association  
1106 Clayton Lane, Suite 101 East  
Austin, Texas 78723-1093**