

**TEXAS WATER UTILITIES ASSOCIATION
LABORATORY ANALYSTS' SECTION
APPLICATION FORM FOR L.A.S. CERTIFICATION EXAM**

LEVEL: A B C D
(Circle One Only)

EXAM FEE: **Member \$ 105.00** **New / Retest**
 Non-Member \$ 150.00 **(Circle One Only)**

PRINT LEGIBLY. All statements are subject to verification.

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **WORK:** _____

SOCIAL SECURITY NUMBER: _____

EDUCATION: Check the appropriate box and complete information in blanks.

- Less than high school education.
- High school graduate or equivalency; year completed H.S. or GED _____
- College hours; number of hours completed _____
- College degree; degree and major subject _____

If college degrees or hours are used to meet the requirements for certification, a copy of your college transcript must be submitted with your application. Verification of high school or equivalency may be requested.

CLASS A, B, and C APPLICANTS: List two references, preferably supervisors, who can verify your work experience. The persons you list may be contacted by T.W.U.A.

NAME	BUSINESS	ADDRESS AND PHONE

NOTE: Exams may be taken at the Annual School, Regional Schools or by appointment at the TWUA Central Office in Austin. Contact TWUA at 512/459-3124 for an appointment or for more information.

FOR T.W.U.A. USE ONLY (Do Not Write Below This Line)	
Exam Location: _____	Member/Non-Member/Retest
Date Exam Taken: _____	Pass/Fail
Eligible for Retest: _____	Amount Paid: _____
Certificate Issued: _____	

Mail Application with Payment to:
Texas Water Utilities Association * 210 Highway 79, Suite 101, Hutto, TX 78634
Phone: (512) 459-3124 FAX: (512) 459-7124

WORK EXPERIENCE: List your present or most recent job first. Attach additional sheets if necessary.

From: _____ To: _____

Name of Employer: _____

Job Title: _____ Immediate Supervisor: _____

Describe your duties in detail: _____

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Name of Employer: _____

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Describe your duties in detail: _____

TRAINING CREDITS: List training credits which is approved for L.A.S. certification. Attach additional sheets if necessary. All training listed is subject to verification by T.W.U.A.

Provider of Course	Course Title	Location	Date	Hours

AFFIDAVIT: I hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application or in revocation of any certificate issued as a result of this application.

SIGNATURE: _____ DATE: _____