Application Form

**Cross-Connection Control Specialist Public List**

331-476 • June 2024

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Form Submission Purpose** (double click to activate the check boxes.) | | | | | | | | | | | | | | | | | | |
|  | Add my name to the list. *Complete all fields and sign at bottom of form.* | | | | | | | | | | | | | | | | | |
|  | Change my information. *Complete all fields and sign at bottom of form.* | | | | | | | | | | | | | | | | | |
|  | Remove me from list. *Complete first and last name, CCS certification #, and sign at bottom of form.* | | | | | | | | | | | | | | | | | |
| **CCS Contact Information** | | | | | | | | | | | | | | | | | | |
| First Name | |  | | | | | | Last Name | | | |  | | | | | | |
| Contact Phone # | | | (     )-     - | | | Email | |  | | | | | | | | CCS Cert # |  | |
| Mailing Address | | |  | | | | | | | | |  | | | | | | |
| City |  | | | | | | | | | | State |  | Zip | | |  | | |
| **CCC Services You Want to Provide** (check all that apply) | | | | | | | | | | | | | | | | | | |
| 1. Develop/Write/Update CCC Program Plan | | | | | | |  | | | | 3. CCC Hazard Evaluations/Survey | | | | | |  | |
| 2. Implement CCC Program | | | | | | |  | | | | 4. Inspect Backflow Assemblies/Air Gaps | | | | | |  | |
| **Counties in which you’re offering CCC services** (check all that apply)\* | | | | | | | | | | | | | | | | | | |
| **Northwest Region** | | | | | **Southwest Region** | | | | | **Eastern Region** | | | | | | | | |
| Island | | | |  | Clallam | | | |  | Adams | | | |  | Kittitas | | |  |
| King | | | |  | Clark | | | |  | Asotin | | | |  | Klickitat | | |  |
| Pierce | | | |  | Cowlitz | | | |  | Benton | | | |  | Lincoln | | |  |
| San Juan | | | |  | Grays Harbor | | | |  | Chelan | | | |  | Okanogan | | |  |
| Skagit | | | |  | Jefferson | | | |  | Columbia | | | |  | Pend Oreille | | |  |
| Snohomish | | | |  | Kitsap | | | |  | Douglas | | | |  | Spokane | | |  |
| Whatcom | | | |  | Lewis | | | |  | Ferry | | | |  | Stevens | | |  |
|  | | | | | Mason | | | |  | Franklin | | | |  | Walla Walla | | |  |
| *\*Counties allocated based on Office of Drinking Water Regions* | | | | | Pacific | | | |  | Garfield | | | |  | Whitman | | |  |
|  | | | | | Skamania | | | |  | Grant | | | |  | Yakima | | |  |
|  | | | | | Thurston | | | |  |  | | | | |  | | | |
|  | | | | | Wahkiakum | | | |  |  | | | | | | | | |

**By signing this form, I certify that I have read and agree to the following.**

* I am currently a Washington State Department of Health (DOH) certified CCS.
* I authorize DOH’s Office of Drinking Water (ODW) to publish my name, CCS certification number, phone number, and services provided on the CCS Public List, which will be posted to ODW’s website.
* I understand that having my name appear on the CCS Public List does not constitute an endorsement or approval of my expertise or services by DOH or ODW.
* I agree not to hold DOH or ODW accountable for problems or losses arising from errors or omissions that may occur during the preparation or posting of the CCS Public List.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date | (mm/dd/yyyy) |
| Name (Print) |  | | |

Email completed form to [dwopcert@doh.wa.gov](mailto:dwopcert@doh.wa.gov).

If you need help completing this form, email [cccprogram@doh.wa.gov](mailto:cccprogram@doh.wa.gov).