Cross-Connection Control Specialist (CCS) Public List
Application Form

Washington State Department of
Health
Environmental Public Health
Office of Drinking Water

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	☐
		Pacific	☐	Garfield	☐	Whitman	☐
		Skamania	☐	Grant	☐	Yakima	☐
		Thurston	☐				
		Wahkiakum	☐				

*Counties allocated based on Office of Drinking Water Regions

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 larry.granish@doh.wa.gov   Fax: 360-236-2252

Mail form to: Larry Granish
Operator Certification Program
PO Box 47822, Olympia, WA 98504-7822

If you need help completing this form, call Larry Granish toll free at 800-525-2536, Ext. 1 or at 360-236-3141.

DOH 331-476-F *(8/8/13)*

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).