

**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
210 Highway 79, Suite 101
Hutto, Texas 78634**