



**Cross Connection & Backflow Prevention
Oregon Health Authority | Drinking Water Services**

Phone 971-673-0418 | Fax 971-673-0694 | cross.connection@state.or.us
www.healthoregon.org/specialistcertification

Initial Cross Connection SPECIALIST Certification Application

This application is for first time Specialist Certification, or if your certification has lapsed for one year or more. This application must be turned in within 12 months of completing the Cross Connection Specialist course. Keep a copy of the completed application for your records. **PLEASE PRINT CLEARLY**

1. **First Name:** _____ **Middle Name:** _____ **Last Name:** _____

2. **Social Security Number:** _____

3. Have you ever been certified in Oregon as a Tester or a Specialist?
 Yes *My previous certification # was:* _____ **No**

4. **Work Mailing Address** *This is my primary mailing address*

Company Name

Address

City, State, Zip

County

5. **Home Mailing Address** *This is my primary mailing address*

Address

City, State, Zip

County

6. **Phone #** (Enter at least two phone numbers and select one as a primary phone number)

Work: _____ *This is my primary phone #*

Cell: _____ *This is my primary phone #*

Home: _____ *This is my primary phone #*

7. **Email Address:** _____

Office Use Only

Fee: _____ School: _____ Experience: _____ Approved: _____

8. Send the following items with this completed application:

- A copy of your Cross Connection Specialist course certificate of completion
- A copy of your high school diploma, GED, or a college degree
- Proof of one year's experience working in a water system or plumbing. This could be a letter from your supervisor, a copy of a current Water Operator certification card from DWS, or other alternatives
- Certification Fee:**
 - If the first initial of your last name is **A-K**
 - \$97.50** if your application is received **before** December 31, 2016 (*expires 12/31/16*)
 - \$195.00** if your application is received **after** December 31, 2016 (*expires 12/31/18*)
 - If the first initial of your last name is **L-Z**
 - \$195.00** if your application is received **before** December 31, 2016 (*expires 12/31/17*)
 - \$97.50** if your application is received **after** December 31, 2016 (*expires 12/31/17*)

9. Payment Options (pick one):

- Check:** Make your check to: **OHA Cashier**. Sign and send all documents to: OHA Cashier; PO Box 14260; Portland OR, 97293
- Credit Card:** pay online www.healthoregon.org/specialistcertification. If you have never been certified enter 0000 for your certification #. **Sign and send** all documents by mail, email, or fax:
Mail: DWS – Cross Connection; PO Box 14260; Portland OR, 97293
Email: cross.connection@state.or.us
Fax: 971-673-0694

I certify that all information on this application and on the attached documentation provided is accurate.

Printed Name _____

Signature _____ **Date** _____

Additional Information

- Certifications expire based on the first letter of your last name:
 - A-K expire in even-numbered years, and L-Z certifications expire in odd-numbered years.
- Mail a check or money order with this application, or
- Do **not** mail cash! You may bring your application and cash to our Cashier's office located on the 2nd floor at 800 NE Oregon St. Portland, Oregon 97232
- Applicants are required to provide their Social Security Number to the Department as part of your application for an initial occupational, professional or recreational license, certification or registration issued by the Oregon Health Authority
- It is the applicant's responsibility to provide all required information and documentation for certification.
- In order to protect you from identity theft, we cannot request information from other Oregon departments
- Allow 3 to 4 weeks for processing applications
- Application fees will not be refunded once OHA has initiated processing an application.