



**Cross Connection Program**  
**(971) 673-1220 office**  
**(971) 673-0457 fax**  
**www.healthoregon.org/cross**  
**connection**

This Area for Official Use Only  
 QC 108 71100 72583 2220

**Cross Connection Specialist  
 2007-2009 Certification Application**

(For new applicant or applicant whose certification has been expired for more than 12 months;  
 to RENEW your certification, call 971.673.1220 for form)

Please type or print clearly: SOCIAL SECURITY NUMBER \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ COUNTY \_\_\_\_\_

1. Have you ever been certified as a Cross Connection Specialist (previously Inspector) or Backflow Assembly Tester in Oregon?  
 Yes  No Certification number, if known: \_\_\_\_\_

2. Do you want your name, address, and phone number (as given above) made available on our public list? See page 2 for information and eligibility requirements.  
 Yes  No

3. I certify that (check one):  
 I am employed by a water supplier and will not perform the duties of a Cross Connection Specialist outside of this employment.  
 I am licensed by, or I am employed by, a company that is licensed by the Construction Contractor's Board.  
**CCB #: \_\_\_\_\_**  
 I am licensed by, or I am employed by, a company that is licensed by the Landscape Contractor's Board.  
**LCB#: \_\_\_\_\_(4 digit LCB business #)**  
 I am not required to register with the CCB or obtain a license from the LCB because I do not provide Cross Connection Specialist services for compensation.  
**Questions related to registration or licensure? Call CCB at (503) 378-4621 or LCB at (503) 986-6561.**

4. Send the following with your completed application:  
 Proof of successful completion of a 30-hour DHS-approved Cross Connection Specialist training and testing course within the past 12 months.  
 Documentation of 1-year of experience in water systems or plumbing.  
 Proof of high school graduation or equivalent.  
 Certification fee:  
 \$70 for applications received by the Department between July 1, 2007 and June 30, 2008.  
 \$35 for applications received by the Department between July 1, 2008 and June 30, 2009.  
 **An additional \$50 is required to reactivate a certificate that has been expired for more than 12 months.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **The Department of Human Services Public List:**

The Department provides lists of certified Cross Connection Specialists for hire. Licensing with the Construction Contractor's Board or the Landscape Contractor's Board may be required if you want your name on the public list. If you meet the requirements to be on the public list, your name, address, and phone number *as you have indicated on the front of this application* will be provided to the public and public water systems upon their request or available on the Department's website. The Department does not have the ability to provide alternate addresses, counties and phone numbers on the list. This list may be used by a public water system that needs to contract with a Specialist or agency to implement their cross connection control program.

## **Social Security Privacy Act Information:**

*As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Department of Human Services, you are required to provide your Social Security Number to the Department. This is mandatory. The authority for this requirement is in Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Department, your Social Security Number will remain on file. This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.*

## **Payment Information:**

Make check payable to **DHS Health Services** (do not send cash) and mail to:

DHS-Cashier  
PO Box 14260  
Portland, OR 97293-0260

## **Processing:**

Please allow 3 weeks for processing. It is the applicant's responsibility to provide all required information and documentation. Incomplete applications will delay processing. Please call the Cross Connection Program Coordinator at (971) 673-1220 if you have not received your certificate within 3 weeks of submitting your application.