



Certification Programs for Irrigation Professionals

Please complete this sheet according to the specifications entitled *Criteria for WaterSense Labeling of Certification Programs for Irrigation System Installation and Maintenance Professionals*, the *WaterSense Labeling of Certification Programs for Irrigation System Auditors*, or the *WaterSense Labeling of Certification Programs for Irrigation System Designers* available at <http://www.epa.gov/watersense/partners/specs/cert.htm>.

Please check the certification program for which you are seeking the label. (Note: one application must be filled out for each certification program.)

- Irrigation System Auditor
- Irrigation System Installation and Maintenance Professional
- Irrigation System Designer

Section I: General Information

Title of Certification: _____

Certifying Organization: _____

Contact Name: _____

Address: _____ City/State/ZIP: _____

Telephone: _____ Fax: _____ Email: _____

Program Web site: (if applicable): _____

Section II: Letter Of Intent

Please attach a Letter of Intent including a background section that describes your certification program and reason for seeking labeling by EPA's WaterSense Program. The letter should include a statement attesting to the validity of information submitted, and be signed by the chairman of the oversight committee responsible for the certification program and an officer of the organization.

Section III: Oversight Committee Responsibility

Please describe the role, responsibility, and function of the oversight committee within the organization. Be sure to address how committee members are selected or appointed and terms of service. Attach an additional sheet if needed. Alternatively, if you have bylaws pertaining to the committee, please submit those with the application packet.

Section III: Oversight Committee Responsibility (continued)

Section IV: Oversight Committee Composition

For the current oversight committee, please provide the following information. Attach additional sheets if needed:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Committee Member Name: _____ Committee Position: _____

Professional Affiliation: _____

Irrigation Expertise:

Section V: Experiential Requirement Process

What is the experiential requirement?

What process does your organization use to ensure that practitioners have met the experiential requirement?

Section VI: Exam Process

Please attach a sample certification exam or field demonstration procedures, administered within the past six months, with annotations indicating how subjects listed in the specification have been tested sufficiently. Until January 31, 2007, a prospective exam may be submitted as a substitution. The prospective exam must be administered within one year from the date the use of the WaterSense label is granted. The exam and field demonstration procedures may be claimed as confidential business information and if so, will be safeguarded as such. Please also answer the following questions:

Please describe the process used to administer and grade the exam:

What is a passing grade? _____

Section VII: Exam Material Review Process

Name of independent organization reviewing exam questions: _____

Address: _____ City/State/ZIP: _____

What process does this organization use to review the exam questions?

Section VIII: Certification Renewal Process

What process does this organization use for certification renewal? Please describe any documentation required for renewal or a description of the auditing mechanism used to ensure compliance.

Mail this form to:
EPA WaterSense Program
c/o ERG
2300 Wilson Boulevard
Suite 350
Arlington, VA 22201

OR

Fax this form to:
EPA WaterSense Program
c/o ERG
(703) 841-1440

For more information please call the WaterSense Helpline at (866) WTR-SENSE or visit <http://www.epa.gov/watersense/>



WaterSense Labeled Program Application Checklist

- Letter of Intent (signed by the chairman of the oversight committee and an officer of your organization)
- Application Form
- Annotated Certification Exam or Field Exam Procedures
- Two Letters of Reference