



# Certified Stormwater Manager (CSM) Exam Application

**Candidate Information:** (Print or type the requested information.)

_____		_____	_____	
<b>First Name</b>		<b>MI</b>		<b>Last Name</b>
_____			_____	
<b>Employer</b>				<b>Job Title</b>
_____			_____	
<b>Preferred Address</b>				<b>City</b>
_____			_____	
<b>State/Province</b>		<b>Postal Code</b>		<b>Country</b>
_____			_____	
<b>Preferred E-mail Number</b>				<b>Preferred Phone</b>

This is my:       Office       Home

## **Exam Date Selection**

Certification exams are administered by computer either at your **place of employment** or at an **approved testing center**.

Please refer to the attached exam schedule for available dates. Note that all dates are **subject to change based on business needs**. We recommend visiting the [Exam Administration FAQs](#) to confirm current availability **before submitting your application**.

## **Technical Support**

If you experience technical difficulties during your exam, support is available between **8 a.m. and 4:30 p.m. Central Time (CT)**. *Support outside of these hours is not guaranteed.*

## **Application Deadline**

To ensure proper processing and coordination, all applications must be submitted **at least 30 days before** your preferred exam date.

_____	_____
<b>Preferred exam date</b>	<b>Estimated exam start time (CT)</b>



## **Exam Administration Requirements**

For detailed information, please refer to the complete [Exam Administration FAQs](#) available on our website.

To ensure a secure and fair testing environment, the following requirements must be met for certification exam administration:

1. **Distraction-Free Environment**

The exam candidate must have access to a designated computer workstation in a quiet, distraction-free space.

2. **Software Installation**

The approved proctor must download and install the required web-based testing software **before the exam date**.

- *Complete download instructions will be provided by APWA.*

3. **Proctor Presence**

The designated proctor must be **physically present** during the entire exam session to:

- Enter required passwords.
- Monitor the candidate throughout the exam.

## **Proctor Selection Statement**

Your certification exam must be supervised by an **officially approved proctor**. It is your responsibility to identify and secure a qualified individual to serve as your proctor and to submit this completed form for approval.

### **Proctor Requirements**

The individual you select must not have any personal interest in the outcome of your exam. Acceptable proctors may include:

- Human Resources personnel
- Administrative personnel
- A supervisor from another department (not your direct supervisor)

### **The following individuals are not permitted to serve as proctors:**

- Relatives
- Co-workers or peers
- Direct supervisors
- Subordinates
- Anyone who may be influenced to violate the exam rules outlined in the Proctor Agreement

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I have contacted the individual listed below, who has agreed to act as my proctor for the **CSM Certification Exam**. I certify that the information provided on this form is accurate and complete. I understand that providing false or misleading information may result in disciplinary action by the Certification Commission and may affect my certification status.

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**Printed Name**

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**Candidate Signature**

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**Date**



## **Place of Employment**

Identify a proctor at your place of employment.

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**Proctor's Name**

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**Proctor's Title**

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**Proctor's Relationship with Candidate**

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**Proctor's Phone Number**

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**E-mail Address**

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**Location of Exam**

## **Testing Center**

- APWA does not have a formal relationship with any testing centers; the candidate can use the [National College Testing Association \(NCTA\) testing center locator](#) to assist in locating a testing center in their area.
- The candidate must identify their preferred testing center on their exam application, and APWA Staff will confirm compatibility with the Questionmark software used to administer APWA certification exams.
- Individual testing centers may have additional fees associated with proctoring the exam. These fees and the scheduling of the exam are the responsibility of the candidate.

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**Name of Testing Center**

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**Testing Center Phone Number**

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**Testing Center E-mail**

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**Testing Center Location (Address)**

## **Exam Fee Payment: USD 500**

### **Credit Card (Visa/MasterCard/American Express)**

An invoice will be generated and emailed to you with payment instructions within one to two weeks of receiving your completed application. **To pay by credit card, please call 1-800-848-2792 and have your invoice number ready when you call.**

### **Check/Money Order (Payable to APWA in US funds)**

Mail check/money order payments to: APWA, Attn. Certification, 720 Main Street, Suite 100 Kansas City, MO 64105-6500.