



**San Joaquin Valley Unified
Air Pollution Control District**

**CERTIFICATION OF AIR PERMITTING
PROFESSIONAL (CAPP) APPLICATION**

1990 East Gettysburg Avenue, Fresno, CA 93726-0244
(559) 230-6000 Fax (559) 230-6061

District Use Only

DATE STAMP

		Yes		No	
1. I request to attend the mandatory two-day CAPP training course (\$525 fee).					
2. I request to take the Certified Air Permitting Professional Examination (Applicant must complete the mandatory CAPP training course to be eligible to take the examination. The \$525 fee covers the cost of the exam).					
3. I HAVE ENCLOSED PAYMENT OF \$ _____ Check #: _____					
4. NAME Last		First		Middle	
5. MAILING ADDRESS			City	State	Zip Code
6. Phone: _____ Fax: _____ Email: _____				7. BIRTHDATE Month / Day / Year _____	
8. Do you hold an Engineer-in-Training certification? Yes: _____ No: _____ if answer is yes, indicate State: _____ Certificate No: _____ Date Issued: _____					
9. Are you licensed as a Professional Engineer? Yes: _____ No: _____ if answer is yes, indicate State: _____ Certificate No: _____ Expiration date: _____					
10. COLLEGE, UNIVERSITY AND GRADUATE STUDIES		Attendance		Graduation	Title of Degree
Name and Location of Institution		From	To	Date	Received
11. Are certified by another air district in California? If yes, give name of District				Yes	No
12. Have you ever had a certification suspended or Revoked? If yes, give a full explanation on a separate piece of paper.					
I declare each of the answers given on this application to be complete and true to the best of my knowledge. I understand that any misrepresentation or omission may be cause for disqualification. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting present and former employers.					
SIGN HERE _____			DATE _____		

CAPP APPLICATION -- EMPLOYMENT HISTORY FORM

A From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

B From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

C From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

D From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

CAPP APPLICATION -- EMPLOYMENT HISTORY FORM

E From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

F From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

G From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties:

H From: Month Year To: Month Year	Job Title:	
	Employer:	Telephone:
	Address:	

Job duties: