

Step 1: Review Background RPP Document

In order to ensure that you fully understand the Registered Professional Program and the application process, please be sure to review OOWA's RPP Background Information Document (available online and by request). Understanding the process and program details ensures that the right steps are taken towards a successful application and that the process is as smooth and efficient for everyone involved.

Step 2: Complete your Application and include all Submission Requirements

Depending on the RPP Designation for which you are applying, requirements will vary. Please ensure that you are submitting all of the identified requirements in the order that they appear in your Designation's Requirements document, which is available both online and by request.

Step 3: Submission of your Application Payment

Please ensure that a valid form of payment is included in your RPP Application. In this way, your application may be processed and reviewed quickly and efficiently.

Step 4: Enjoy Recognition & Program Benefits!

Once you have submitted your complete application and payment, please allow for 2-4 weeks for application review and destination processing. Applicants will be notified of the status of their designation, and successful applicants will receive a welcome package. Successful applicants may begin enjoying recognition and program benefits immediately!

Questions & Support

Should you have any additional questions or require program support, please contact the OOWA team.
Submit your completed registration with payment to Kelly Mercer, OOWA's Operations Co-ordinator:
E-mail: op-coordinator@oowa.org
Fax: 1-855-905-6692

Client Reference Form
OOWA Registered Professional Program

OOWA RPP Applicant Information			
Full Name:		OOWA#:	BCIN #: <small>(If Applicable)</small>
Company/Organization Name:		Company BCIN #: <small>(If Applicable)</small>	
Mailing Address:			
City:		Prov/St:	Postal/Zip:
Phone:	Fax:	Email:	
Please select the RPP category for which you are applying:			
<input type="checkbox"/> Wastewater Service Technician <input type="checkbox"/> Onsite Designer <input type="checkbox"/> Onsite Installer <input type="checkbox"/> Project & Administrative Professional			
<input type="checkbox"/> Regulatory Inspector <input type="checkbox"/> Private Inspector <input type="checkbox"/> Residuals Transporter <input type="checkbox"/> Technical Sales Consultant			

Client/Project Information			(To be completed by the Client)
Full Name:	OOWA#:	BCIN #:	
Company/Organization Name: <small>(If Applicable)</small>			
Please list the year of project completion and a brief description of work performed by the above applicant:			
Please answer the following:			
1. Was the applicant knowledgeable in their area of practice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the applicant conduct themselves in a professional manner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was the work completed by the applicant to your satisfaction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Would you recommend the applicant's work to someone else?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Would you work with the applicant in the future for related work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reference Submission
<p style="text-align: center;">By signing below, I hereby professionally endorse the above applicant, and confirm the submitted testimonial to be true:</p> <p style="text-align: center;">Reference's Signature: _____ Date Signed: _____</p>

Course Declaration OOWA Registered Professional Program

OOWA RPP Applicant Information			
Full Name:		OOWA#:	
Company/Organization Name:		BCIN #:	
Mailing Address:			
City:		Prov/St:	Postal/Zip:
Phone:	Fax:	Email:	
Please select the RPP category for which you are applying:			
<input type="checkbox"/> Wastewater Service Technician	<input type="checkbox"/> Onsite Designer	<input type="checkbox"/> Onsite Installer	<input type="checkbox"/> Project & Administrative Professional
<input type="checkbox"/> Regulatory Inspector	<input type="checkbox"/> Private Inspector	<input type="checkbox"/> Residuals Transporter	<input type="checkbox"/> Technical Sales Consultant

Course Declarations			
(Please Note: All course descriptions as provided by the course provider must be attached)			
OOWA Aptitude	Course(s) Taken	Name of Institution	Date Taken:

Registration Submission
By signing below, I hereby confirm that I have successfully completed the above courses: Registrant's Signature: _____ Date Signed: _____

Registration Submission
Submit your completed registration with payment to Rachel Robichaud, OOWA's Operations Co-ordinator: E-mail: op-coordinator@oowa.org Fax: 1-855-905-6692

Course Declaration - Supplemental Form
OOWA Registered Professional Program

OOWA RPP Applicant Information	
Full Name:	Page _____ of _____

Course Declarations			
(Please Note: All course descriptions as provided by the course provider must be attached)			
OOWA Aptitude	Course(s) Taken	Name of Institution	Date Taken:

Registration Submission	
By signing below, I hereby confirm that I have successfully completed the above courses:	
Registrant's Signature: _____	Date Signed: _____

Registration Submission	
Submit your completed registration with payment to Rachel Robichaud, OOWA's Operations Co-ordinator:	
E-mail: op-coordinator@oowa.org	
Fax: 1-855-905-6692	