



# KWEA

## Voluntary Certification Exam Application\*

**Exam Location:** Capitol Plaza Hotel, 1717 SW Topeka Blvd., Topeka, KS 66612  
**Exam Date:** August 30, 2018 – 1:00 p.m.  
**Application Deadline:** August 16, 2018

Please complete this form, answering all questions. Sign and date before returning. Please be sure to print legibly.

### Examinee Information

\_\_\_\_\_  
Name Date

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\_\_\_\_\_  
Address

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\_\_\_\_\_  
City State ZIP

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\_\_\_\_\_  
Home Phone Number Email (required for exam application acknowledgement)

### Current Employer

\_\_\_\_\_  
Employer Phone

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\_\_\_\_\_  
Address

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\_\_\_\_\_  
City State ZIP

### Certification Class For Which You Are Applying

<input type="checkbox"/> Biosolids	<input type="checkbox"/> Industrial Biological	<input type="checkbox"/> Class 1 (1 year experience required)
<input type="checkbox"/> Collections	<input type="checkbox"/> Plant Maintenance (Class 1, 2, 3 only)	<input type="checkbox"/> Class 2 (1 year experience required)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Wastewater Lab	<input type="checkbox"/> Class 3 (2 years experience required)
<input type="checkbox"/> Industrial Biological	<input type="checkbox"/> Water Lab	<input type="checkbox"/> Class 4 (2 years experience required)
<input type="checkbox"/> Industrial Physical		

### Education (Mark highest level completed)

High School  GED

College (Highest year completed: Fr So Jr Sr Grad) Degree \_\_\_\_\_

## Work History

Applicable to this examination. Include only that working experience in which you are engaged in the daily operation or maintenance of a water or wastewater system. Application will not be accepted if this information is not provided.

### CURRENT EMPLOYER

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Employer	Employed From (YY/MM)	Employed To (YY/MM)	Hours Per Week
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Supervisor	Phone
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List duties performed in detail and number of hours per week performing these duties:

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### PREVIOUS EMPLOYER

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Previous Employer	Employed From (YY/MM)	Employed To (YY/MM)	Hours Per Week
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Supervisor	Phone
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Duties performed:

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## Training

Please provide a list of training attended applicable to this examination (workshops, schools, correspondence courses, along with course title, location, and date)

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The information in this application is true and correct to the best of my knowledge.

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Signature

Date

## Exam Fee

Exam fee is \$70. Make checks payable to KWEA and mail to:

**Kansas Water Environment Association**  
6209 SW 24<sup>th</sup> Terrace  
Topeka, KS 66614