



KWEA

Voluntary Certification Exam Application*

Exam Location: Capitol Plaza Hotel, 1717 SW Topeka Blvd., Topeka, KS 66612
Exam Date: August 29, 2019 – 1:00 p.m.
Application Deadline: August 15, 2019

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

Examinee Information

Name Date

Address

City State ZIP

Home Phone Number Email (required for exam application acknowledgement)

Current Employer

Employer Phone

Address

City State ZIP

Certification Class For Which You Are Applying

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

*Certified by the Association of Board of Certification.

Please continue application on the next page.

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

| Employer | Employed From (YY/MM) | Employed To (YY/MM) | Hours Per Week |
|------------|-----------------------|---------------------|----------------|
| Supervisor | Phone | | |

List duties performed in detail and number of hours per week performing these duties:

PREVIOUS EMPLOYER

| Previous Employer | Employed From (YY/MM) | Employed To (YY/MM) | Hours Per Week |
|-------------------|-----------------------|---------------------|----------------|
| Supervisor | Phone | | |

Duties performed:

Training

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

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

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Exam Fee

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

Kansas Water Environment Association
6209 SW 24th Terrace
Topeka, KS 66614