

Voluntary Certification Exam Application*

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

Name Date

Address

City State ZIP

Phone Number Email (required for exam application acknowledgement)

Employer

Address

City State ZIP

Certification Class Applying For

Exam Experience Required

- Class I 1 Year Experience
- Class II 1 Year Experience
- Class III 2 Years Experience
- Class IV 2 Years Experience

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

Education (Mark highest level completed)

High School or 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

Employer Employed From (YY/MM) Employed To (YY/MM) Hours Per Week

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

Whom may we contact for current employment verification?

Name Phone

PREVIOUS EMPLOYER

Previous Employer Employed From (YY/MM) Employed To (YY/MM) Hours Per Week

Duties Performed:

Whom may we contact for employment verification?

Name Phone

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 \$65. Make checks payable to KWEA, and mail to the address below.

Kansas Water Environment Association

6209 SW 24th Terrace
Topeka, KS 66614