



## Kansas Water Environment Association Voluntary Certification Exam Application\*

Please complete this form, answering all questions, and sign and date on the back before returning. **Please be sure to print legibly.**

**Important: Deadline for application is August 15, 2011.**

Exam Location: Topeka – Capitol Plaza Hotel                      Exam Date: September 1, 2011

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

**Email:** (required for exam application acknowledgement): \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Certificate Class Applied for:**

Distribution	_____	Class 1	_____
Laboratory	_____	Class 2	_____
Collections	_____	Class 3	_____
Biosolids	_____	Class 4	_____
Industrial Biological	_____		
Industrial Physical	_____		
Plant Maintenance*	_____	(Class 1 & Class 2 only)	

<b>Exam Experience Required:</b>		
Class I	1 Year	Experience
Class II	1 Year	Experience
Class III	2 Years	Experience
Class IV	2 Years	Experience

**EDUCATION: (Circle Highest Grade Completed)**

Grade School	1	2	3	4	5	6	7	8
High School	9	10	11	12				
College	1	2	3	4	Degree _____			

Work History – Applicable to this examination. Include only that working experience where the applicant is engaged in the daily operation or maintenance of a water or wastewater system.

(Application will not be accepted if this information is not provided.)

<u>Present Employer:</u>	<u>Employed From (YY/MM)</u>	<u>Employed to (YY/MM)</u>	<u>Hours / Week</u>
_____	_____	_____	_____

**List Duties Performed in Detail and Number of Hours per Week Performing these Duties:**

---

---

---

---

WHOM MAY WE CONTACT

FOR EMPLOYMENT VERIFICATION:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PHONE #)

Previous Employer:            Employed From (YY/MM)   Employed to (YY/MM)            Hours / Week

---

Duties: \_\_\_\_\_

WHOM MAY WE CONTACT

FOR EMPLOYMENT VERIFICATION:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PHONE #)

Please Provide a List of Training Attended Applicable to this Examination (Workshops, Schools, Correspondence Courses, ETC, along with the Course Title, Location and Date).

---

---

---

---

---

---

---

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*Certified by the Association of Board of Certification

**Note: Exam Fee is \$65.00. Checks should be made payable to KWEA. Please mail to: KWEA, 6209 SW 24<sup>th</sup> Terrace, Topeka, Kansas 66614.**