



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.

Important: Please indicate the exam location & date of exam you want to take. Also, we will provide notification of exam acceptance via email so please provide an email address for confirmation.

Exam Location: _____ **Exam Date:** _____

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number Home : _____ Email Address: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Certificate Class Applied for:

Class I	_____	Distribution	_____
Class II	_____	Laboratory	_____
Class III	_____	Collections	_____
Class IV	_____	Biosolids	_____
		Industrial	_____

Exam Experience Required:
 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 _____

I, _____ am presently employed by _____

In the operation, maintenance and/or management of their _____.

CHECKS MUST BE MADE PAYABLE TO KWEA AND MUST ACCOMPANY THIS APPLICATION. EXAM FEES ARE \$ 65.00 PER EXAM

MAIL TO:
KWEA
6209 SW 24th Terrace
Topeka, Kansas 66614

Do Not Write in this Space

Application Verified _____

Score _____

Certificate Number _____

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 #)

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

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