



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR OPERATOR EXAMINATION

WATER

-----FOR OFFICE USE ONLY-----DO NOT WRITE IN THIS SPACE-----

I.D. # _____	APPLICATION VERIFIED _____
FINAL SCORE _____	CERTIFICATE # _____
DISTRICT _____	NOTES: _____

THIS FORM MUST BE COMPLETED BY THE APPLICANT AND THE \$25.00 FEE RETURNED TO THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, NO LATER THAN TWO WEEKS BEFORE THE DATE OF EXAMINATION.

PLEASE PRINT

CERTIFICATE CLASS APPLYING FOR: CLASS SMALL SYSTEM CLASS I CLASS II
 CLASS III CLASS IV

LOCATION WHERE YOU WILL TAKE EXAMINATION: _____

DATE OF EXAMINATION : _____ **Applicant's e-mail address:** _____

TITLE (MR.)(MRS.)(MS)

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COUNTY: _____

TELEPHONE (WORK): _____ **(HOME):** _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

(OVER)

EDUCATIONAL BACKGROUND

	Institution and City, State	Graduation Year	Diploma, Years Attended or Certificate Attained
High School/GED			
**College or University			

****College Transcript Must Accompany Application**

STATEMENT

I, _____ AM PRESENTLY EMPLOYED BY
(NAME)
_____ IN THE OPERATION, MAINTENANCE AND/OR
MANAGEMENT OF THEIR WATER SUPPLY SYSTEM.

WORK HISTORY - APPLICABLE TO THIS EXAMINATION. AS PER K.A.R. 28-16-30, THIS SHALL INCLUDE ONLY THAT WORKING EXPERIENCE WHERE THE OPERATOR IS ENGAGED IN THE DAILY OPERATION, MAINTENANCE, OR BOTH, OF A WATER SUPPLY SYSTEM.

(APPLICATION WILL NOT BE ACCEPTED IF THIS INFORMATION IS NOT PROVIDED.)

PRESENT EMPLOYER: EMPLOYED FROM (YY/MM): EMPLOYED TO (YY/MM): HOURS PER WEEK:

DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:

WHOM MAY WE CONTACT
FOR EMPLOYMENT VERIFICATION: _____
(NAME) (PHONE NUMBER)

PREVIOUS EMPLOYER: EMPLOYED FROM (YY/MM): EMPLOYED TO (YY/MM): HOURS PER WEEK:

DUTIES: _____
WHOM MAY WE CONTACT
FOR EMPLOYMENT VERIFICATION: _____
(NAME) (PHONE NUMBER)

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL LEAD TO FORFEITURE OF THE APPLICATION FEE AND A PROHIBITION FROM TAKING A WATER OPERATOR EXAMINATION FOR A PERIOD OF TWO YEARS.

(SIGNATURE) (DATE)

TRAINING ATTENDED - APPLICABLE TO THIS EXAMINATION (WORKSHOPS, SCHOOLS, & CORRESPONDENCE COURSES)

COURSE TITLE

LOCATION

DATE

If paying by Discover Card/Novus, please complete this form.

DISCOVER CARD / NOVUS PAYMENTS ONLY

Account Number: _____

Expiration Date: ____ / ____

Name as it appears on the card: _____

Mailing Address: _____

City / State/ Zip Code: _____

A 2.5% convenience fee will be assessed on this transaction to cover costs associated with acceptance of this credit card.

Signature: _____

Daytime Phone: _____ Evening Phone: _____

SEND COMPLETED APPLICATION AND \$25.00 FEE

TO: TERESA SCHUYLER
KDHE - TECHNICAL SERVICES SECTION
1000 SW JACKSON ST., SUITE 420
TOPEKA, KS 66612-1367

***PAYMENT MUST BE MADE PAYABLE
TO KDHE AND MUST ACCOMPANY
THIS APPLICATION***