



# 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)



**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***