



KWEA

Voluntary Certification Exam Application*

Exam Location: _____

Exam Date: _____

Application Deadline: _____

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

Examinee Information

 Name Date

 Address

 City State ZIP

 Home Phone Number Email (required for exam application acknowledgement)

Current Employer

 Employer Phone

 Address

 City State ZIP

Certification Class For Which You Are Applying

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

Education (Mark highest level completed)

- High School GED
- College (Highest year completed: Fr So Jr Sr Grad) Degree _____

*Certified by the Association of Board of Certification.

Please continue application on the next page.

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
Supervisor	Phone		

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

PREVIOUS EMPLOYER

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

Duties performed:

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
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Exam Fee

Exam fee is \$80. Make checks payable to KWEA and mail to:

Kansas Water Environment Association
6209 SW 24th Terrace
Topeka, KS 66614