

APPLICATION FOR VOLUNTARY COLLECTION SYSTEM OPERATION CERTIFICATION

Administered by the Indiana Water Environment Association's Collection System Committee

EXAM DATES: April 25 and October 24 at a South Location TBD / April 27 and October 25th & 26th at a North Location TBD

*NOTE: A **complete** application form is required, including a \$65.00 (**non-refundable**) application fee for class I & II examinations and \$75.00 (non refundable) application fee for class III & IV examinations; detailed employment information; supervisor's and applicant's signatures; and verification of your post high school educational qualifications attached. The application is to be typed, or neatly printed. **Checks shall be payable to IWEA. Failure to return a completed application form by the final filing date will result in your ineligibility for that examination and forfeiture of your application fee. ALL EDUCATION AND EXPERIENCE REQUIREMENTS MUST BE MET AND CLEARLY STATED. FAILURE TO MEET OR VERIFY EITHER OF THESE WILL RESULT IN INELIGIBILITY FOR THE EXAMINATION.***

All applications must be received prior to the 2nd Thursday in March for the April Examination and the 2nd Thursday in September for the October Examination.

CERTIFICATION EXAMINATION APPLICATION, CLASS: CS-I CS-II CS-III CS-IV (CIRCLE ONE)

DATE: _____

I. APPLICANT INFORMATION

A. NAME _____

Last

First

Middle

B. MAILING ADDRESS _____

Street

City

State

Zip Code

County

C. WORK PHONE NUMBER: (_____) _____ HOME PHONE NUMBER: (_____) _____

Area Code & Number

Area Code & Number

D. E-mail Address: _____

E. What is the preferred way of contacting you? (Certifications will still be sent to mailing address. All other correspondence will occur by your preference) CIRCLE ONE

Mailing Address

E-mail Address

F. Have you previously applied for a Collection System Certificate? **YES NO (CIRCLE ONE)**

G. What certifications do you presently hold? List all that apply:

	Certification Number	State	Grade (Class)
Water Treatment			
Water Distribution			
Municipal Wastewater Treatment			
Industrial Wastewater Treatment			
Wastewater Collection System			
Other			

II. EDUCATION AND TRAINING

A. High School: Name of School: _____ Location: _____
Years Attended: _____ Date of Graduation: _____

B. College: Name of School: _____ Location: _____
Years Attended: _____ Date of Graduation: _____

C. **NOTE: Attach verification of your post-high school educational qualifications.** Copies of college transcripts or certificates of completion for courses related to wastewater treatment/collection provide acceptable proof of educational qualifications. You may list training courses, short courses, or other courses in the wastewater field that you have attended on Page 4. Include only post high school information

III. WORK EXPERIENCE HISTORY

List your present employment first then any additional employment. Give a **detailed** description of your collection system work experience as designated below. If you are not a full-time Collection Systems Operator, specify the average number of hours per week that are spent in the actual operation and maintenance of the collection system. **NOTE: If you are applying for a Class III or IV examination, clearly define AND document your "in-charge" experience and qualifications (supervision does not necessarily dictate "in-charge" experience).**

CURRENT EMPLOYMENT:

Current Employer: _____ Dates – From ____ / ____ / ____ to **Present**

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

Classification of Wastewater Treatment Plant: Municipal - I II III IV (Circle One)
 Industrial - I-SP A-SO A B C D

Wastewater Treatment Plant Capacity: _____ Gallons Per Day (gpd)

Supervisor's Name: _____

Address: _____

Phone No.: () _____

PRIOR EMPLOYMENT:

Past Employer: _____ Dates – From ____ / ____ / ____ to ____ / ____ / ____

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

Classification of Wastewater Treatment Plant: Municipal - I II III IV (Circle One)
 Industrial - I-SP A-SO A B C D

Wastewater Treatment Plant Capacity: _____ Gallons Per Day (gpd)

Supervisor's Name: _____

Address: _____

Phone No.: () _____

III. WORK EXPERIENCE HISTORY (Continued)

PRIOR EMPLOYMENT:

Past Employer: _____ Dates – From ____ / ____ / ____ to ____ / ____ / ____

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

Classification of Wastewater Treatment Plant: Municipal - I II III IV (Circle One)
 Industrial - I-SP A-SO A B C D

Wastewater Treatment Plant Capacity: _____ Gallons Per Day (gpd)

Supervisor's Name: _____

Address: _____

Phone No.: () _____

PRIOR EMPLOYMENT:

Past Employer: _____ Dates – From ____ / ____ / ____ to ____ / ____ / ____

Job Title: _____ Number of Persons Supervised: _____

Job Description: _____

Collection System Duties: _____

Classification of Wastewater Treatment Plant: Municipal - I II III IV (Circle One)
 Industrial - I-SP A-SO A B C D

Wastewater Treatment Plant Capacity: _____ Gallons Per Day (gpd)

Supervisor's Name: _____

Address: _____

Phone No.: () _____

IV. ADDITIONAL EDUCATION (Attach Copy of Completion Verification and/or Transcripts)

1. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
2. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
3. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)
4. NAME/DESCRIPTION OF COURSE: _____

(Location) (Dates) (College Units or Class Hours)

V. SUPERVISOR'S VERIFICATION OF CURRENT EMPLOYMENT (to be completed by present Employer)

I hereby verify that the information contained in the current employment section of the application made by _____
_____ to be true and correct to the best of my knowledge and belief.

Supervisor's Signature Date

Printed Title

VI. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied.

(Signature of Applicant) / / (Date)

Completed application form with check/money order for proper amount, and payable to IWEA, should be returned to:

IWEA
8909 Purdue Road, Suite 130
Indianapolis, IN 46268

**NOTE: DUE DATE FOR APPLICATIONS, MARCH 12 FOR SPRING EXAM / SEPTEMBER 10 FOR FALL EXAM.
LATE APPLICATIONS WILL NOT BE REVIEWED.**