

Form EW-102 (June 2013)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only
Date Received: ____/____/____
Staff Lead: _____
<input type="checkbox"/> Not a complete submission & returned

Request for Water or Wastewater Operator Certification Exam

Print legibly and fill out completely. Incomplete applications will not be processed.

Use NA if not applicable. Application must be received by C&T at least 30 days before the exam date.

Application Date (mm/dd/yy): ____/____/____ Date of Birth (mm/dd/yy): ____/____/____
First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Home Phone: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Is this a new address? Yes No

*Note: This is the address C&T will use to mail your exam score.
If your home address changes, you are responsible for notifying C&T.*

Email: _____ WVOP# if applicable: _____

Please check the exam being requested:					
<u>Water</u>		<u>Wastewater</u>			
<input type="checkbox"/> Class I	<input type="checkbox"/> Class R	<input type="checkbox"/> Class I	<input type="checkbox"/> Class H		
<input type="checkbox"/> Class II	<input type="checkbox"/> WDS	<input type="checkbox"/> Class II	<input type="checkbox"/> Class S		
<input type="checkbox"/> Class III	<input type="checkbox"/> 1D	<input type="checkbox"/> Class III	<input type="checkbox"/> Class C		
<input type="checkbox"/> Class IV		<input type="checkbox"/> Class IV			

Note: You must take any required certification courses prior to registering for the certification exam.

Have you taken the above exam prior? Yes No *Note: You must wait 60 days before retaking.*

Location Requested: **Exam Date Requested (dd/mm/yy):** ____/____/____

<input type="checkbox"/> Philippi DO Area	<input type="checkbox"/> Kearneysville DO Area
<input type="checkbox"/> Beckley DO Area	<input type="checkbox"/> Wheeling DO Area
<input type="checkbox"/> St. Albans DO Area	<input type="checkbox"/> Other _____

Note: C&T rotates the above locations quarterly. Please check with C&T for date & location specifics or on line at www.wvdhhr.org/oehs/eed/swap/training&certification/

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 Public Water Systems Operators and/or 64CSR05 Wastewater Systems and Operators.

Signature: _____ Date: _____

Applicants will receive a confirmation upon receipt of this application.
If you do not receive confirmation, you need to call Mary Lowe at 304-356-4335.