

WATER POLLUTION CONTROL SYSTEM OPERATORS CERTIFICATION COMMISSION

Animal Waste Management System Operator Certification Examination Application

Please read the instructions on BOTH SIDES of this form carefully. Please PRINT (or TYPE) all responses in BLACK INK.

Application Fee: \$25.00 (Application fee is non-refundable. There is a \$25.00 processing fee for all checks returned for insufficient funds.)

Examination Type (select one): TYPE A TYPE B

Have you previously taken this examination? (circle one) Yes No If Yes, when?

Have you held a certificate with the WPCSOCC that was revoked, suspended, or invalidated? (circle one) Yes No

Please circle the examination location and month you prefer: Kenansville Morganton Raleigh Salisbury Williamston March June September December

Social Security Number: / / Date of Birth: / /

Applicant's Name (circle one) Mr. / Ms. First Middle Last Jr., Sr., III, etc.

Applicant's Address: (Mailing address or PO Box)

(City) (State) (Zip Code) (County of Residence)

Work Phone Number: / Home Phone Number: /

Email Address: [Grid of 20 empty boxes]

Required School Information

Applicants must complete an approved training school before applying for any examination offered by the Commission. Applications must be accompanied by a certificate of completion and the appropriate fee, and must be postmarked at least 30 days prior to the date of the examination.

Table with 3 columns: Title of Training, Location/Instructor(s), Date(s)

I hereby certify that the information given in this application is correct to the best of my knowledge. I understand that providing false information on this application may lead to the revocation of any and all certificates issued to me by the Water Pollution Control System Operators Certification Commission (WPCSOCC). I have read the eligibility requirements for the type certification I am seeking and believe that I am eligible to sit for the examination for that certification.

Applicant's Signature Date

For WPCSOCC STAFF ONLY

Payee: Chk#:

Chk Dt: Chk Amt: Rcv Dt:

Approved: Denied: Reviews Initials: Date:

Before mailing this application, be sure that:

- You have provided all required or requested information and documentation.
- The application is legible - applications that cannot be read will not be reviewed.
- A certificate of completion for the required training school is included with this application. You must complete the training *before* applying for the examination.
- You have signed and dated your application in the appropriate location.
- You have enclosed the \$25 application fee. (Please note that a \$25.00 fee will be charged for all checks returned for insufficient funds.)

In order for this application to be processed, it must be accompanied by the appropriate fee, a certificate of completion, and be **postmarked at least 30 days prior to the date of the examination.**

Please make all checks payable to the **WPCSOCC** (Water Pollution Control System Operators Certification Commission) and mail this completed application to:

**WPCSOCC
1618 Mail Service Center
Raleigh NC 27699-1618**