

# EXAM APPLICATION



[Please Read Eligibility Requirements](#)

[EXAM DATES & DEADLINES](#)

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**REQUIRED WITH APPLICATION:** - \$85.00 [Non-Refundable/Payable ONLY by Check or Money Order to WPCSOCC]  
- Copy of Certificate of Completion for the Commission approved school attended

## PERSONAL INFORMATION:

Have you previously held a certificate with the WPCSOCC that was revoked, suspended or relinquished?

**Certification Number (REQUIRED):** \_\_\_\_\_ **Social Security Number (Enter only if NO certificate number):** \_\_\_\_\_ **Date of Birth (M/D/YYYY):** \_\_\_\_\_

**Applicant First Name:** \_\_\_\_\_ **Applicant Middle Name:** \_\_\_\_\_ **Applicant Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

(As you wish to see it on your certificate)

**Applicant Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## EDUCATION:

**High School Name/City/State:** \_\_\_\_\_ **School Phone Number:** \_\_\_\_\_ **Year of Graduation or GED Issuance:** \_\_\_\_\_

**College(s) attended:** \_\_\_\_\_ **College City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Attended From (m/yyyy):** \_\_\_\_\_ **To:** \_\_\_\_\_ **Years completed:**  1  2  3  4

**Do you receive a degree?:**  Yes - **Date Received:** \_\_\_\_\_ **Type of Degree:** (e.g. AAS, BA, MS): \_\_\_\_\_ **Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_  
 No

Provide a copy of official transcripts if eligibility to take the exam is based on that education.

* FOR WPCSOCC STAFF USE ONLY *	
Postmark Date: _____	Check Date: _____
Payee's Name: _____	Check #: _____ Amount: \$ _____
School Completion Date: _____	# of previous attempts on exam: _____ Dates of Attempts: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Reviewer's Initials: _____	Date reviewed: _____ NO RECORD _____

**EMPLOYER INFORMATION & RECOMMENDATION:**

*Employer's Name:* \_\_\_\_\_ *Employer's Phone Number:* \_\_\_\_\_ *Employer's Mailing Address:* \_\_\_\_\_

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*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *County:* \_\_\_\_\_

**\*\* Applicants presently working at a water pollution control system must complete the following information \*\***

*System Name:* \_\_\_\_\_ *System PERMIT Number:* \_\_\_\_\_

*Type of System:* \_\_\_\_\_  
*Physical Address of Facility:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Immediate Supervisor's Name:* \_\_\_\_\_ *Title:* \_\_\_\_\_ *Phone:* \_\_\_\_\_ *Ext.* \_\_\_\_\_

**Certifications held by Supervisor (WPCSOCC)** *Type:* \_\_\_\_\_ *Grade:* \_\_\_\_\_ *Certificate #:* \_\_\_\_\_

I have reviewed this application and hereby verify that all of the information and statements provided by the applicant are true and correct to the best of my knowledge. **I recommend that the Water Pollution Control System Operators Certification Commission (WPCSOCC) consider this applicant for certification.** I understand that I am responsible for verifying the experience information provided on this application and that any false information provided by the applicant may lead to the revocation of any and all certificates issued to me by the WPCSOCC.

**Supervisor's Signature:** \_\_\_\_\_ *Date:* \_\_\_\_\_

**OPERATIONAL EXPERIENCE: List most recent experience first.** ..... 0 # 7

Dates of Employment Month/Year <b>From To</b>		Name/Address/Phone of Employer	Facility Type & Grade	# Hours Worked Per Week	Detailed description of <b>HANDS-ON</b> related <b>OPERATIONAL</b> experience
	Present				

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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 and grade certification that I am seeking and believe that I am eligible to sit for the examination for that certification.

**Applicant Signature:** \_\_\_\_\_ *Date:* \_\_\_\_\_