

Form EW-102 (2021)  
 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/trainingandcertification](http://www.wvdhhr.org/oehs/eed/swap/trainingandcertification)

C&T Use Only	
Date Reviewed:	___/___/___
Staff Lead:	_____
<input type="checkbox"/> Approved as requested <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: \_\_\_\_\_  
 Mailing 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>	<u>Backflow</u>
<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class R <input type="checkbox"/> WDS <input type="checkbox"/> 1D	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Class H <input type="checkbox"/> Class S <input type="checkbox"/> Class C <input type="checkbox"/> Backflow

*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 (mm/dd/yy):** \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/> Fairmont DO Area <input type="checkbox"/> Beckley DO Area <input type="checkbox"/> St. Albans DO Area	<input type="checkbox"/> Kearneysville DO Area <input type="checkbox"/> Wheeling DO Area <input type="checkbox"/> Other _____
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*Note: C&T rotates the above locations on an annual schedule. Please check with C&T for date & location specifics or on line at [www.wvdhhr.org/oehs/eed/swap/trainingandcertification/](http://www.wvdhhr.org/oehs/eed/swap/trainingandcertification/)*

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: \_\_\_\_\_

*All C&T applications are processed in order of receipt. If you do not receive a confirmation letter within 2-3 weeks, please call (304) 558-2981 to confirm status.*