

EW-102C

(05/10)

PUBLIC WATER SYSTEM OPERATOR
Application for Certification and Examination

COMPLETE AND RETURN TO:
OEHS – EED Certification & Training
350 Capitol Street, Room 313
Charleston, West Virginia 25301-3713
Phone 304-558-6986
Fax 304-558-4322
[www.wvdhhr.org/oehs/eed/swap/
training&certification](http://www.wvdhhr.org/oehs/eed/swap/training&certification)

Please type or print legibly. **COMPLETE ALL BLANKS.** Use your full legal name. Indicate N/A if (not applicable) to you. **Ensure application is signed.** Incomplete applications will be returned.

FULL NAME: _____

CERTIFICATION #: _____ DATE OF BIRTH: ____/____/____ (mm/dd/yyyy)

HOME ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (HOME): _____ (WORK): _____

E-MAIL (HOME): _____ (WORK): _____

WORK EXPERIENCE as a Water Treatment Operator:

1. _____
Current Water System Employer _____ Mailing Address of Water System _____
WV _____
PWS ID # _____ County of Employment _____ Job Title _____ Date Started _____

Please mark the spaces below that refer to your water operational duties:

Disinfection _____ Softening _____ Coagulation _____ pH Adjustment _____ Water Analysis/Tests _____
Sampling _____ Taste and/or Odor Control _____ Supervision/Clerical _____ (No operational duties at this time) _____
Monthly Operational Report _____ Other duties (Please specify) _____
_____ hours worked per day _____

EDUCATION: Circle the highest grade completed.

8 9 10 11 12(GED) 13 14 15 16 17 18 19 20+

THIS APPLICATION IS BEING SUBMITTED FOR:

1. **CERTIFICATION** for: WD _____, Class I _____, Class II _____, Class III _____, Class IV _____
2. **EXAMINATION** for: WD _____, Class I _____, Class II _____, Class III _____, Class IV _____

Have you taken this same exam before? _____ If yes, where and when? _____

3. **Exam Location:**

Charleston _____, Beckley DO _____, Philippi DO _____, Wheeling DO _____, Kearneysville DO _____, Cedar Lakes _____,
Other _____

Exam Date: _____ **Note:** This application must be received two weeks prior to requested test date.

At the risk of revocation of my operator certification, I certify that the above statements are accurate and complete.

APPLICANT'S SIGNATURE: _____ **DATE:** _____