



**NEVADA WATER ENVIRONMENT ASSOCIATION
INDUSTRIAL WASTE OPERATOR
APPLICATION FOR CERTIFICATION**
(Revised June 2015)

Full Name: _____ Grade Applying For: _____
(Please print/type your name as you want it to appear on certificate) (1, 2, 3, or 4)

Address: _____ Home Phone: _____
(Street Number) (City) (State) (Zip Code) Cell Phone: _____

Email Address: _____

Are you a veteran of the United States Armed Forces: Yes No MOS: _____

NOTE: The operator is responsible to notify Administrator of future address changes.

Applying for: CERTIFICATION TYPE (choose one): PHYSICAL/CHEMICAL BIOLOGICAL
EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko Other
RECIPROCITY From What State? _____

Total Amount of Experience as a Industrial Waste Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) operator employment)

PRESENT EMPLOYMENT

Employer: _____ Employer's Phone #: _____
Date of Hire: _____
Address: _____
Job Title: _____ Length of Service as an Industrial Waste Operator: _____
Give a description of your job duties: _____

Name of Supervisor: _____
I am aware that there are significant penalties for attesting to false information. _____
Signature of Supervisor/Date

PRESENT EMPLOYER'S INDUSTRIAL WASTE TREATMENT FACILITIES

Type(s) of Treatment: _____ Treatment Capacity: Average _____ MGD Maximum _____ MGD

Receiving Stream: POTW (Indirect Discharger) Waters of the State (Direct Discharger)

Brief Description of Treatment Plant and Treatment Methodology: _____

Brief Description of Industrial Processes That Generate Wastestreams: _____

EDUCATION

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Wastewater Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

(e) Wastewater Courses Satisfactorily Completed: _____
 Other education or training you have had (science or wastewater related): _____

Are you presently enrolled in a wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS INDUSTRIAL WASTE OPERATOR WORK EXPERIENCE

Dates of Service	Total Years	Employer's Name/Address/Phone	Your Position/Supervisor's Name

Summarize any additional experience you have had which qualifies you for certification as an Industrial Waste Operator: _____

REFERENCES

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

Name	Address	Phone	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you hold a valid Industrial Waste Operator's Certificate? Yes No State: _____
 Grade: _____ Certificate #: _____ Issue Date: _____ Date Renewed: _____

Was this certificate received by reciprocity? Yes No If yes, from what state? _____

I certify that the information provided, including attachments, is true and accurate. By signing this application I agree to adhere to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

Please note: Obtaining certification as an Industrial Waste Operator does not satisfy the NAC 445A.287-292 certification requirements for operator of a plant for sewage treatment.

<p>The application fee of \$150 payable to N.W.E.A. (Nevada Water Environment Association) is due and payable at the time of filing this application. The fee is \$200 for reciprocity. Certificates are valid for two years, and renewable upon payment of \$80 fee. You can also pay with a credit card. The Program Administrator will call to obtain the credit card information. The credit card information will not be stored.</p>	<p>MAIL TO: NWEA P.O. Box 98235 Las Vegas, NV 89193 (775) 465-2045</p> <p><input type="checkbox"/> Paying with a credit card.</p>
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Items Below for Committee Use Only	
Payment Received: _____	
Check No.: _____	
Approved for Grade: _____	Not Approved <input type="checkbox"/> _____ <i>Administrator Signature</i>
Examination Date: _____	Examination Proctor: _____
Examination Location: _____	
Examination Score: _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Certified for Grade: _____
Certificate Issued: _____	Certificate No.: _____ Expires: _____