



**NEVADA WATER ENVIRONMENT ASSOCIATION
WASTEWATER QUALITY ANALYST
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 applicant is responsible to notify Administrator of future address changes.

Applying for: EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko Other

RECIPROCITY From What State? _____

Total Amount of Experience as a Wastewater Quality Analyst: _____ Years _____ Months
(List only full-time or equivalent (FTE) Analyst employment)

PRESENT EMPLOYMENT

Employer: _____ **Employer's Phone #:** _____

Date of Hire: _____

Address: _____

Job Title: _____ **Length of Service as an Analyst:** _____

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

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) Laboratory related courses satisfactorily completed: _____

(f) Give any 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 WASTEWATER QUALITY ANALYST 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 a Wastewater Quality Analyst: _____

REFERENCES

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

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

Do you hold a valid Wastewater Quality Analyst 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: _____

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.

MAIL TO: NWEA
P.O. Box 98235
Las Vegas, NV 89193
(775) 465-2045

Paying with a credit card.

Items Below for Committee Use Only

Payment Received: _____
Check No.: _____

Approved for Grade: _____ Not Approved _____ Administrator Signature

Examination Date: _____ Examination Proctor: _____

Examination Location: _____

Examination Score: _____ Pass Fail Certified for Grade: _____

Certificate Issued: _____ Certificate No.: _____ Expires: _____