



**NEVADA WATER ENVIRONMENT ASSOCIATION
COLLECTION SYSTEM 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: EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko Other
RECIPROCITY From What State? _____

Total Amount of Experience as a Collection System 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 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 COLLECTION SYSTEMS

Type of collection system: _____ Collection system Capacity: Average _____ MGD Maximum _____ MGD

Type of Agency: Public Private Other: _____

Brief Description of Collection System: _____

Types of Methodology Used: _____

EDUCATION

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

(e) Collection system operators Courses Satisfactorily Completed: _____

Other education or training you have had (collection system related): _____

Are you presently enrolled in a collection system course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS COLLECTION SYSTEM 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 a Collection System 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 Collection System 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: _____

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: _____