



NEVADA WATER ENVIRONMENT ASSOCIATION COLLECTION SYSTEM OPERATOR APPLICATION FOR CERTIFICATION

(Revised April 2018)

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 & Branch: _____

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

EXAMINATION: Computer or Written

Total Amount of Experience as an Collection System Operator: _____ Years _____ Months
(List only full-time or equivalent (FTE) Collection System Operator)

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

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) Pretreatment related courses satisfactorily completed: _____

(f) Give any other education or training you have had (science or wastewater related): _____

Are you presently enrolled in a pretreatment or wastewater course? Yes No

Instructor's Name: _____ Where: _____

PREVIOUS COLLECTION SYSTEMS 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 Systems Operator: _____

REFERENCES

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

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

Do you hold a valid Collection Systems Operator 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 nonrefundable 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. 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 <input type="checkbox"/> 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: _____