



**NEVADA WATER ENVIRONMENT ASSOCIATION  
PLANT MAINTENANCE TECHNOLOGIST  
APPLICATION FOR CERTIFICATION**

(Revised May 2020)

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

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

Email Address: \_\_\_\_\_

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

Are you a veteran of the United States Armed Forces: Yes  No  MOS & Branch: \_\_\_\_\_

EXAMINATION:  Computer or  Written APPROVAL LETTER:  Emailed or  Mailed

To apply for certification as a *plant maintenance technologist*, a person must **be able to demonstrate the required operating experience and educational requirements defined below.**

**Grade I:** High school diploma, general educational development certificate or equivalent and 50 contact hours of wastewater related education; and one year full-time experience as a plant maintenance technologist.

**Grade II:** Requirements for Grade I and an additional 50 contact hours of wastewater related education (total of 100 contact hours); and two total years of full-time experience as a plant maintenance technologist.

**Grade III:** Requirements for Grade II and two postsecondary courses of instruction; and three years full-time experience as a plant maintenance technologist.

Total Amount of Experience as an plant maintenance technologist: \_\_\_\_\_ Years \_\_\_\_\_ Months  
(List only full-time or equivalent (FTE) plant maintenance technologist)

**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**

Operators perform a variety of tasks in the course of their daily duties. Some of these tasks are relevant to other certifications. If you wish to claim time associated with tasks in these disciplines, please indicate the percentage of time spent on those tasks. Please note that excessive time in any category outside of Treatment may impact your FTE equivalent. If you do not complete this section, 100% of your time will be allocated to wastewater treatment plant operations.

Wastewater% \_\_\_\_\_ Give a description of your Wastewater Operator Duties: \_\_\_\_\_

\_\_\_\_\_

Plant Maintenance % \_\_\_\_\_ Give a description of your Maintenance Duties: \_\_\_\_\_

\_\_\_\_\_

Wastewater Quality Analyst % \_\_\_\_\_ Give a description of your Analyst Duties: \_\_\_\_\_

\_\_\_\_\_

Other Disciplines% \_\_\_\_\_ Give a description of your Other Discipline/Duties: \_\_\_\_\_

\_\_\_\_\_

*\*Other% disciplines/duties will be subtracted from your Wastewater experience\**

Total Percentage of all Duties: \_\_\_\_\_ (should total 100%)

**PREVIOUS PLANT MAINTENANCE TECHNOLOGIST 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 plant maintenance technologist:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

List below the name of school, location, city and state in which you attended school	Years Attended	Degree(s) Obtained
(a) High School		
(b) College		

**CEUs or Post Secondary**

COURSE	HOURS

COURSE	HOURS

## WASTEWATER PROFESSIONAL CODE OF CONDUCT

The Wastewater Professional Code of Conduct requires certificants holding Wastewater Treatment Plant Operator, Collection System Operator, Plant maintenance technologist, Industrial Waste Inspector, Plant Maintenance Technologist and Wastewater Quality Analyst certifications to act honestly, competently, and with integrity and to use their knowledge and skill for protection of the environment. As a condition of holding and maintaining a Nevada certification, I agree to:

- Be truthful and accurate in what I say, do, and write.
- Adhere to all laws and regulations applicable to the profession.
- Promote and encourage the highest quality of wastewater facility/system operation within the industry.
- Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
- Not conduct myself in a manner that subverts or attempts to subvert the minimum certification requirements, application processes, or examination processes.
- Uphold and follow all certification policies and procedures.

*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: \_\_\_\_\_

<p>The nonrefundable application fee of \$200 payable to N.W.E.A. (<i>Nevada Water Environment Association</i>) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$130 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>Incomplete applications awaiting additional information and/or documentation will be forfeited after 90 days, upon which the candidate will need to submit a new application and fee.</p>	<p><b>MAIL TO: NWEA</b> 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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<b>Items Below for Committee Use Only</b>	
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"/>
Certificate Issued: _____	Certificate No.: _____