



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR OPERATOR EXAMINATION

-----FOR OFFICE USE ONLY-----DO NOT WRITE IN THIS SPACE-----

I.D. # _____ APPLICATION VERIFIED _____
FINAL SCORE _____ CERTIFICATE # _____
DISTRICT _____ NOTES: _____

WASTEWATER

THIS FORM MUST BE COMPLETED BY THE APPLICANT AND RECEIVED BY THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT NO LATER THAN TWO WEEKS BEFORE THE DATE OF EXAMINATION. THE \$25.00 FEE MUST ACCOMPANY THE APPLICATION.

LOCATION OF EXAMINATION: _____ DATE OF EXAMINATION: _____

CERTIFICATION CLASS APPLYING FOR: CLASS SMALL SYSTEM _____ CLASS I _____ CLASS II _____
CLASS III _____ CLASS IV _____

PLEASE PRINT

SECTION A – PERSONAL INFORMATION

TITLE: (MR.)(MRS.)(MS) Applicants' e-mail address: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE (WORK): _____ (HOME): _____

EMPLOYER: _____ EMPLOYER CONTACT: _____

ADDRESS: _____ EMPLOYER PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____

(OVER)

SECTION C – EXPERIENCE (CONTINUED)

PREVIOUS WORK HISTORY – ONLY WORK PERTAINING TO WASTEWATER TREATMENT FACILITY.

PREVIOUS EMPLOYER: EMPLOYED FROM (YYYY/MM): EMPLOYED TO (YYYY/MM): HOURS PER WEEK:

DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:

**NAME OF CONTACT FOR
EMPLOYMENT VERIFICATION:** _____

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL LEAD TO FORFEITURE OF THE APPLICATION FEE AND A PROHIBITION FROM TAKING A WASTEWATER OPERATOR EXAMINATION FOR A PERIOD OF TWO YEARS.

³(SIGNATURE)

(DATE)

³APPLICATION WILL NOT BE ACCEPTED WITHOUT OPERATOR SIGNATURE.

NOTE: TO ASSURE THIS APPLICATION IS MAILED ON TIME IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF

(OVER)

SECTION D – TRAINING ATTENDED

WORKSHOPS, SCHOOLS & CORRESPONDENCE COURSES APPLICABLE TO THIS EXAMINATION

COURSE TITLE

LOCATION

DATE

If paying by Discover Card/Novus, please complete this form.

DISCOVER CARD/NOVUS PAYMENTS ONLY

Account Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Mailing Address: _____

City / State/ Zip Code: _____

A 2.5% convenience fee will be assessed on this transaction to cover costs associated with acceptance of this credit card.

Signature: _____ Daytime Phone: _____ Evening Phone: _____

SEND COMPLETED APPLICATION AND \$25.00 FEE

TO: TERESA SCHUYLER
KDHE-BUREAU OF WATER
TECHNICAL SERVICES SECTION
1000 SW JACKSON ST., SUITE 420
TOPEKA, KS 66612-1367

***PAYMENT MUST BE MADE PAYABLE TO
KDHE AND MUST ACCOMPANY THIS
APPLICATION***