



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): _____ (CELL): _____ (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 Credit Card, please complete this form.

CREDIT CARD PAYMENTS ONLY

Type of Card: ___ Visa ___ MasterCard ___ Discover

Account Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Mailing Address: _____

City / State/ Zip Code: _____

Signature: _____ Daytime Phone: _____ Evening Phone: _____

Email address: _____

SEND COMPLETED APPLICATION AND \$25.00 FEE

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

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

Acknowledgment

I, the undersigned, hereby acknowledge that I am an applicant for Certification as an Operator of a Water Supply System and/or Wastewater Treatment Facility (“Applicant”) from the Kansas Department of Health and Environment (“KDHE”) pursuant to K.S.A. 65-4501 through 4517, and applicable rules and regulations (“Act”). To be certified, I must pass the appropriate written examination.

I acknowledge that committing any of the following acts on a written examination shall be deemed misconduct:

1. Utilizing text materials, notes, computer-stored materials, or other unauthorized materials while taking an examination; or
2. without express authorization from examination officials, undertaking any of the following:
 - a. removing or attempting to remove examination materials furnished by the KDHE from the examination room;
 - b. aiding another applicant, or accepting aid from another applicant in answering examination questions during a written examination; or
 - c. making or attempting to make a manual or electronic copy of the written examination.

I further acknowledge that I will be subject to both of the following penalties for misconduct on a written examination pursuant to K.A.R. 28-16-32(g):

1. Denial of the certification for which I am an Applicant; and
2. Becoming ineligible to reapply for certification in any operator classification for a period of one year from the date on which the determination of misconduct becomes final.

I acknowledge and agree that I am aware of what acts constitute misconduct on a written exam, and the penalties for committing misconduct on a written exam.

ACKNOWLEDGED:

Name: _____

Signature: _____

Date: _____