



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 B – EDUCATION (*Education must meet requirements of K.A.R. 28-16-30(1)(3)*)

High School Diploma: ___ Yes ___ No ¹GED: ___ Yes ___ No Year: _____

¹ High School Attended	¹ City and State	¹ Graduation Year

¹This information must be provided or the application will be returned. Copy of GED or High School Diploma Must Accompany Application.

² College or University Attended	Dates Attended	Hours or Degree Obtained

²College Transcript Must Accompany Application

SECTION C – EXPERIENCE (*Experience for the desired certification class must meet requirements of K.A.R. 28-16-31(a)*)

STATEMENT

I, _____ AM PRESENTLY EMPLOYED BY
 _____ (NAME)
 _____ IN THE OPERATION, MAINTENENACE
 AND/OR MANAGEMENT OF THEIR WASTEWATER TREATMENT FACILITY.

WORK HISTORY – ONLY WORK PERTAINING TO A WASTEWATER TREATMENT FACILITY. AS PER K.A.R. 28-16-30, THIS SHALL INCLUDE ONLY THAT WORKING EXPERIENCE WHERE THE OPERATOR IS ENGAGED IN THE DAILY OPERATION, MAINTENANCE, OR BOTH, OF A WASTEWATER TREATMENT FACILITY.

(APPLICATION WILL NOT BE ACCEPTED IF THIS INFORMATION IS NOT PROVIDED)

PRESENT 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:

SUPERVISOR’S SIGNATURE: _____

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: _____