Provisional Level Exam Application

This application is to be completed at the introductory course and is NOT to be submitted to DEC directly by the course participant.

Exam 1: _____

Exam 2: _____

General Information: (Please print legibly using black or blue ink.)

Name: Mr. / Ms. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone No.: _____ Email Address: _____

Education:

Years of education completed (Circle highest grade completed.): 6 7 8 9 10 11 12 GED 12+

If you ***do not*** have a high school diploma or GED, you must fill out the back portion of this application.

Name of high school or GED granting organization: _____

What is the name of the course you are attending NOW? _____

Who is sponsoring the course you are attending NOW? _____

Experience:

Are you currently employed as a water treatment, water distribution, wastewater treatment, or wastewater collection operator? YES NO (If "NO," skip to your signature.)

If "YES,"

Who is your employer, e.g. City of ..., Village of ..., etc.?

_____

What system(s) do you operate, e.g. water treatment system, water distribution system, etc.?

_____

What is the facility's phone number, i.e. your work number? _____

What is the name of your supervisor? _____

What is your employment status? ☐ Full-time ☐ Part-time ☐ Seasonal

Job Title: _____ Hours/Day: _____ Days/Week: _____

Describe your job duties and types of systems you operate, e.g. system size, types of equipment, flows, system components, number of service connections, number of pump stations, etc.

_____

_____

_____

Signature:

I hereby certify that the information provided on this application is true and complete to the best of my knowledge and belief.

_____

Signature Date

Revised April 2015

Complete this section if you do NOT have a high school diploma or GED!

To be eligible for certification, you must have a high school diploma or GED **OR** enough operating experience to substitute for education. Experience can be substituted on a year for year basis; documentation of your experience is required.

List your operating experience in wastewater treatment, water treatment, water distribution, and wastewater collection.
Describe your duties and types of systems operated in detail in the following experience blocks, e.g. system size, flows, treatment components, types of equipment, chemical or biological processes, number of service connections, etc.

WWT = Wastewater Treatment **WT** = Water Treatment **WD** = Water Distribution **WWC** = Wastewater Collection

Present Employment

Job Title: _____

Hours per Day: _____

Days per Week: _____

Start Date: _____

End Date: _____

Total Time: _____
Years / Months

System Name: _____

System Owner: _____

Public Water System ID Number (PWSID) If applicable.: _____

Supervisor: _____

Phone Number: _____

Email: _____

Job Duties and System Description

System Type	WWT	WT	WD	WWC
Percentage spent in system type.				

Job Title: _____

Hours per Day: _____

Days per Week: _____

Start Date: _____

End Date: _____

Total Time: _____
Years / Months

System Name: _____

System Owner: _____

Public Water System ID Number (PWSID) If applicable.: _____

Supervisor: _____

Phone Number: _____

Email: _____

Job Duties and System Description

System Type	WWT	WT	WD	WWC
Percentage spent in system type.				