



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Examination Request for Drinking Water Operator Certification

As specified under 35 Ill. Adm. Code 681.310, any person who wishes to take the water supply operator examination must submit an examination request to the Illinois EPA. This form must be used when making such request. All examination requests must be submitted to the Illinois EPA at least **30 days** prior to the examination date. This examination request must be accompanied by the non-refundable **exam fee of \$10**. Examination requests must be complete before any decision regarding eligibility will be issued. If eligible to take the exam, a Letter of Admission (LOA) will be issued and must be brought to the testing center on the day of examination.

### GENERAL (PRINT LEGIBLY OR TYPE)

MR. <input type="radio"/>	MS. <input type="radio"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	
HOME ADDRESS (STREET OR P.O. BOX)		CITY		STATE	ZIP
COUNTY		DATE OF BIRTH		E-MAIL ADDRESS	
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE		OPERATOR ID (IF KNOWN)	

### EXAMINATION INFORMATION

SELECT LEVEL OF EXAMINATION SOUGHT (SELECT ONLY ONE) ☐ A ☐ B ☐ C ☐ D

GENERAL QUESTIONS (CHECK APPLICABLE YES/NO BOX)	YES	NO
Have you ever had typhoid fever or lived with an individual who has had typhoid fever?	<input type="radio"/>	<input type="radio"/>
Have you ever had amoebic dysentery or lived with an individual who has had amoebic dysentery?	<input type="radio"/>	<input type="radio"/>
Can you read and write English?	<input type="radio"/>	<input type="radio"/>
Do you have an ADA Title I disability for which you may need assistance during the exam? If yes, please enclose documentation that describes the specific accommodation requested.	<input type="radio"/>	<input type="radio"/>

### APPLICANT SIGNATURE

»»» READ CAREFULLY BEFORE SIGNING «««

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

SIGNATURE OF APPLICANT	DATE
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Please return this completed form and exam payment in the form of a check or money order made payable to the Illinois Environmental Protection Agency.

Illinois Environmental Protection Agency  
Operator Certification/BOW/CAS #19  
2520 West Iles Avenue  
P.O. Box 19276  
Springfield, IL 62794-9276

»»» INCOMPLETE EXAMINATION REQUESTS WILL BE DENIED «««

»»» EXAMINATION REQUESTS WITHOUT THE \$10 FEE WILL BE DENIED «««