

Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Examination Request for Wastewater Operator Certification

As specified under 35 III. Adm. Code 380.405, any person who wishes to take the wastewater 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 <u>30 days</u> prior to the examination date. 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.

| Requested Exa | am Choices | Date | | Location | | | | | | | |
|---|--------------|------------------------|---|-------------|--------------------------|------|----|-----|------|-------|----|
| First Choice | | | | | | | | | | | |
| Second Choice | | | | | | | | | | | |
| GENERAL (PF | RINT LEGIBI | Y OR TYPE) | | | | | | | | | |
| MR. MS. | FIRST NAME | | | | MIDDLE INITIAL LAST NAME | | | | | | |
| 0 0 | | | OUTN | V OTATE ZID | | | | | Tain | | |
| HOME ADDRESS (STREET OR P.O. BOX) | | | CITY STATE ZIP | | | | | ZIP | | | |
| COUNTY | | | DATE OF BIRTH E-MAIL ADDRESS | | | | | | | | |
| DAYTIME TELEPHONE NUMBER WITH AREA CODE | | | HOME TELEPHONE NUMBER WITH AREA CODE OPERATOR ID (IF KNOW | | | | | | | WN) | |
| CURRENT WASTEWATER FACILITY | | | | | | | | | | | |
| EXAMINATION INFORMATION | | | | | | | | | | | |
| SELECT LEVEL OF EXAMINATION SOUGHT (SELECT ONLY ONE) 04 03 02 01 0K | | | | | | | | | | R OCS | |
| GENERAL QUESTIONS (CHECK APPLICABLE YES/NO BOX) | | | | | | | | | | YES | NO |
| Have you graduated from high school or the equivalent to a high school education? | | | | | | | | | | 0 | 0 |
| Can you read and write English? | | | | | | | | | | 0 | 0 |
| 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. | | | | | | | | 0 | 0 | | |
| 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 | | | | | | | | | | | |
| Please return th | nis complete | d form to the Illinois | s Envir | onme | ental Protection A | genc | y. | | | | |
| Illinois Environmental Protection Agency Wastewater Operator Certification/BOW/CAS #19 1021 North Grand Ave East P.O. Box 19276 Springfield, IL 62794-9276 **North Complete Examination Requests Will Be Denied *** | | | | | | | | | | | |
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