

Form EW-102 (2018)
 Fax to: (304) 558-4322 or mail to:
 C&T Program
 350 Capitol Street Room 313
 Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/training&certification

C&T Use Only	
Date Reviewed:	___/___/___
Staff Lead:	_____
<input type="checkbox"/> Approved as requested <input type="checkbox"/> Not a complete submission & returned	

Request for Water or Wastewater Operator Certification Exam

Print legibly and fill out completely. Incomplete applications will not be processed.

Use NA if not applicable. Application must be received by C&T at least 30 days before the exam date.

Application Date (mm/dd/yy): ___/___/___ Date of Birth (mm/dd/yy): ___/___/___
 First Name: _____ Last Name: _____
 Middle Initial: _____ Home Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Is this a new address? Yes No

*Note: This is the address C&T will use to mail your exam score.
 If your home address changes, you are responsible for notifying C&T.*

Email: _____ WVOP# if applicable: _____

Please check the exam being requested:			
<u>Water</u>		<u>Wastewater</u>	
<input type="checkbox"/> Class I	<input type="checkbox"/> Class R	<input type="checkbox"/> Class I	<input type="checkbox"/> Class H
<input type="checkbox"/> Class II	<input type="checkbox"/> WDS	<input type="checkbox"/> Class II	<input type="checkbox"/> Class S
<input type="checkbox"/> Class III	<input type="checkbox"/> 1D	<input type="checkbox"/> Class III	<input type="checkbox"/> Class C
<input type="checkbox"/> Class IV		<input type="checkbox"/> Class IV	

Note: You must take any required certification courses prior to registering for the certification exam.

Have you taken the above exam prior? Yes No *Note: You must wait 60 days before retaking.*

Location Requested: **Exam Date Requested (mm/dd/yy):** ___/___/___

<input type="checkbox"/> Philippi DO Area	<input type="checkbox"/> Kearneysville DO Area
<input type="checkbox"/> Beckley DO Area	<input type="checkbox"/> Wheeling DO Area
<input type="checkbox"/> St. Albans DO Area	<input type="checkbox"/> Other _____

Note: C&T rotates the above locations quarterly. Please check with C&T for date & location specifics or on line at www.wvdhhr.org/oehs/eed/swap/training&certification/

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 64CSR04 Public Water Systems Operators and/or 64CSR05 Wastewater Systems and Operators.

Signature: _____ Date: _____

All C&T applications are processed in order of receipt. If you do not receive a confirmation letter within 2-3 weeks, please follow up via email dawn.a.newell@wv.gov or call (304) 558-2981 to confirm status.