

Missouri Water Environment Association
Collection Systems Committee
Voluntary Collection Systems Operator Certification
APPLICATION FOR EXAMINATION

v. Oct2018

Exam Date and Location _____ **Time** _____

Applicant Name _____

(please print clearly the name you would want on your certificate)

Email Address _____

Address _____

City/Town _____ **State** _____ **Zip Code** _____

Telephone (_____) _____ **Employer** _____

Supervisor's Name: _____ **Supervisor's Telephone** (_____) _____

Certification Level Sought (circle one) **A** (min. 6 yrs.) **B** (min. 4 yrs.) **C** (min. 2 yrs.) **D** (min. 6 mos.)

Experience: (describe Collection System experience; additional experience may be provided on attached sheet, if necessary)

EMPLOYER	CITY	STATE
POSITION		YEARS
DUTIES		
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POSITION		YEARS
DUTIES		

By signing this form, I verify that all information enclosed herein is true and indicate my agreement to abide by testing procedures and rules or decisions of the MWEA Collection Systems Committee regarding certification under this program, and hereby waive any claim that I may have against the Committee or MWEA for alleged negligence or misconduct in its operation/administration of this Program. I further agree to allow MWEA to release information regarding the status of any participant in this voluntary program.

Accommodations may be provided for persons with disabilities or physical handicaps. Requests for such must be submitted in writing with this application.

This form to be completed and accompanied by a \$25.00 non-refundable application fee.

Signature: _____ **Date:** _____

For information on exam levels and what can be expected at each exam level are provided on the MWEA website at: www.mwea.org, under the **Continuing Education** header.

Make checks payable to "MWEA" and mail with application to:

MWEA Collection Systems Committee

John H Lopez
 7300 Hawthorne Rd.
 Kansas City MO 64120
 Main Tel. 816-719-0446
john.lopez@kcmo.org

