



# MWEA - Laboratory Practices Committee Voluntary Wastewater Analyst Certification Application for Examination

(Please Print Clearly)

Applicant \_\_\_\_\_

Exam date and location \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Telephone (     ) - \_\_\_\_\_ FAX (     ) - \_\_\_\_\_

Supervisor \_\_\_\_\_

WPI Certification Level Sought (circle            I            II            III            IV

Education (circle highest level)    **High School**    9 10 11 12    **College**    1 2 3 4

Degree or Certificate Awarded \_\_\_\_\_

School or Institution Attended \_\_\_\_\_

Experience (include only wastewater analytical experience)

EMPLOYER	CITY	STATE
POSITION		YEARS
DUTIES		
EMPLOYER	CITY	STATE
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 MLPC and MWEA regarding certification under this program; and hereby waive any claim that I may have against MLPC or MWEA for alleged negligence or misconduct in its operation/ administration of this program.

Accommodations may be provided for disabled or handicapped persons. Requests must be submitted in writing with this application.

This form must be postmarked 30 days prior to examination date, accompanied by a nonrefundable \$50.00 application fee.

(     ) Check here if you object to your name being released as a Certificate holder.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Make checks payable to MWEA and mail with application to:  
MWEA - Laboratory Practices Committee  
c/o Natalie Stahl, IMINControls, LLC  
PO Box 183 Catawissa, MO 63015