



State of Alabama Water and Wastewater Operator Exam Application

ADEM Form No. 505 11/06 m1.1

ADEM USE ONLY

Approved _____ Rejected _____

Exam Date _____

Reviewed By _____

Applicant # _____

Please read instructions before completing this application.

1. SPECIFY THE EXAM YOU WISH TO TAKE: (circle only one)

| | | | | | |
|------------------|----|----|-----|-----|----|
| WATER GRADE | I | II | III | IV | |
| WASTEWATER GRADE | IC | I | II | III | IV |

EXAM DATE YOU PREFER _____ (PAPER AND PENCIL EXAMS ONLY*)

* Applications for paper and pencil exams must be received by ADEM at least 30 days prior to the exam date.

CHECK HERE IF APPLYING FOR A COMPUTERIZED EXAM. After approval of application by ADEM, you will be contacted directly by testing organization with further instructions.

2. A PPLICANT INFORMATION:

Name: Mr. ()
Ms. ()
Mrs. () _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Address: _____
(Number and Street) (Home Telephone)

_____ (City) (State) (Zip) (Work Telephone)

Operator Number: _____ (Applicable only if currently certified)

E-mail address _____

3. EMPLOYED BY:

| | | | |
|---------------------|-------|--------------------------|-------|
| Water System PWSID# | _____ | Wastewater System NPDES# | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

Check if not currently employed by a water or wastewater system: _____

4. HIGH SCHOOL DIPLOMA: _____
(School and Year of Graduation)

IF GED, LIST DATE RECEIVED: _____

5. CURRENT LEVELS OF CERTIFICATION HELD: (circle if applicable)

| | | | | | | |
|-------------------|-----------|----------|-----------|------------|-----------|------------------------------|
| WATER | | I | II | III | IV | Expiration Date _____ |
| WASTEWATER | IC | I | II | III | IV | Expiration Date _____ |

6. PREVIOUS TESTING:

Have you taken this particular exam previously? Yes No (circle one)

If so, list the dates that you received a failing grade on this exam: _____

IF YOU HAVE FAILED THIS EXAM TWO (2) OR MORE TIMES, YOU MUST ATTACH TO THIS FORM PROOF OF COMPLETION OF EIGHT (8) HOURS OF ADDITIONAL TRAINING RECEIVED AFTER THE LAST UNSUCCESSFUL ATTEMPT.

7. APPLICATION VERIFICATION:

I, the undersigned, do hereby affirm and swear, under oath, that I am the said applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certificate I may hold. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental material to reflect any material change in circumstances which may affect my eligibility for certification.

Signature of Applicant: _____

Date signed: _____

****NOTICE****

Before mailing application please be sure that you completed the application in its entirety. If applying for a paper and pencil exam, this form must be received by the Operator Certification Program **no later than 30 days** prior to the date of the examination. Applicants requesting a computerized exam will receive information directly from the testing organization after ADEM approval, with instructions on how to schedule a time and location that is convenient for you. This application must be accompanied by a non-refundable examination fee (Checks or money orders only). Please refer to the current Fee Schedule for the proper examination fee. Faxed applications are not accepted. The exam application is the first of two steps in the certification process. After an applicant ed an exam he/she has 5 years to gain the required experience. ADEM
DEM Administrative Code R. 335-10-1.
Mail application with appropriate fee to:

**SRF and Operator Certification Section
ADEM
Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7796**

Visit our website at www.adem.alabama.gov