

**APPLICATION FOR STATE OF HAWAII WASTEWATER OPERATOR CERTIFICATION**  
**RE-EXAMINATION – THURSDAY AUGUST 16, 2012**

Mail to:  Board of Certification of Operating Personnel in Wastewater Treatment Facilities Department of Health, State of Hawaii 919 ALA Moana Blvd., Rm. #309 Honolulu, HI 96814 Ph. (808) 586-4294 Fax (808) 586-4300	<p><b><u>DO NOT WRITE IN THIS SPACE</u></b></p> Date received: _____ Amount received: _____ Amount due: _____ Total CEUs: _____ Comments: _____ _____ _____
---	---

**INSTRUCTION SHEET ON COMPLETING THIS APPLICATION IS ATTACHED. BE SURE TO REVIEW THE CHECKLIST BELOW OF ITEMS TO BE SUBMITTED BEFORE MAILING.**

**SECTION A: GENERAL INFORMATION**

[ ] Check here for address change

(Please Print) (LAST NAME)	(FIRST)	(M.I.)
Street, Box, Route		
City and State	Zip Code	
Home Phone	Work Phone	Fax Number

**SECTION B: APPLICATION AND EXAMINATION FEE**

1. Applying for Examination for Operator Certification:    1    2    3    4  
 Circle Grade # or #s if requesting two examination levels. **Grade level must be indicated.**
2. **Examination Fee: \$50.00 for each exam.**    \_\_\_\_\_ Exams X \$50 = \_\_\_\_\_ (Total Fee)  
**Attach check or money order payable to the STATE OF HAWAII. DO NOT SEND CASH.**

**SECTION C: SIGNATURE**

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rule, §11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

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

**IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SUBMIT A COMPLETE APPLICATION OR WHO MISS TAKING THE EXAMINATION.**

**CHECKLIST - DID YOU REMEMBER TO INCLUDE?**

- \*EXAMINATION APPLICATION FEE - \$50.00 PER EXAMINATION
- \*CURRENT ADDRESS AND PHONE NUMBER
- \*YOUR SIGNATURE AND DATE

## INSTRUCTION SHEET FOR CERTIFICATION RE-EXAMINATION

## FORM 2

### GENERAL INFORMATION

The following information is provided to assist the applicant in completing the APPLICATION FOR RE-EXAMINATION FOR CERTIFICATION form.

Please follow instructions and complete ALL sections. INCOMPLETE APPLICATIONS AND APPLICATION RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE PROCESSED.

### WHO SHOULD USE THIS FORM

If you have previously taken or qualified for the examination that you are applying for, use this form. If you have not taken or previously qualified to take the examination you are applying for, use the APPLICATION FOR CERTIFICATION EXAMINATION form (Form 1).

**IMPORTANT NOTICE: NO REFUNDS OR CREDITS WILL BE GIVEN TO APPLICANTS FAILING TO SUBMIT A COMPLETE APPLICATION OR WHO MISS TAKING THE EXAMINATION.**

### SECTION A: GENERAL INFORMATION

This information must be completely filled out as information supplied in this section will be used to contact and mail correspondence to you.

### SECTION B: APPLICATION AND EXAMINATION FEE

1. The applicant must state which examination(s) is being applied for. Circle the appropriate box(es). No more than two examinations can be applied for at any one time.
2. **For each examination applied for in item 1 above, submit a \$50.00 examination fee.** Examination fee(s) must be paid in full by check or money order payable to the **STATE OF HAWAII**. **Do not send cash.**

The Board will verify all applications for RE-EXAMINATION. If the applicant has not taken or previously qualified for the examination being applied for, the Board will reject the APPLICATION FOR CERTIFICATION RE-EXAMINATION.

### SECTION C: SIGNATURE

You must sign and date the application. Unsigned/undated applications will not be returned and applicants will **not** qualify to take any examination.

Visit us on the web at:

[http://www.hawaii.gov/wastewater/wtc\\_cert.html](http://www.hawaii.gov/wastewater/wtc_cert.html)