

**STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS**

**WATER TREATMENT PLANT OPERATOR (WTPO) EXAM REGISTRATION FORM**

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PWS ID: \_\_\_\_\_ Water System: \_\_\_\_\_

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

**Exam Information**

Exam Date:  1/26/2010  7/27/2010 Exam Grade Level:  1  2  3  4

**Instructions**

Exam Fee: \$30 by Cashier's Check or Money Order payable to State of Hawaii. No personal checks accepted.

**Due Date**

- Certification Application (\$20) & Exam Registration (\$30) are due 3 months before the exam date
- Exam Registration (\$30) only, for applicants already Board approved, is due 2 months before the exam date

**Submit**

- by Mail to: Board of Certification of Public Water System Operators  
Hawaii Department of Health  
Safe Drinking Water Branch  
919 Ala Moana Blvd., Room 308  
Honolulu, HI 96814-4920
- by Fax to: 808-586-4351 (Fee must be mailed)
- by Email to: sdwb@doh.hawaii.gov (Fee must be mailed)