

State of Alabama Water and Wastewater Operator Exam Application

ADE Approved	CM USE ONLY _Rejected
Exam Date _	
Reviewed By	
Applicant # _	

ADEM Form No. 505 11/06 m1

	Please read instructions before completing this application.							
1.	SPECIFY THE EXAM	YOU WISH TO	TAKE: (cire	cle only	one)			
	WATER GRADE			I	II	III	IV	
	WASTEWATER (GRADE	IC	I	II	III	IV	
		REFER and pencil exams must b IF APPLYING FO be contacted directly	R A COM	PUTEI	RIZED EX	XAM. At	fter approval	AMS ONLY*) of application by
2.	A PPLICANT INFORM Mr. () Name: Ms. ()			ddle)		(Last		(Jr., Sr., III, etc.)
	Address: (Numbe	r and Street)					(Home T	elephone)
	(City)	(State)		(Z	ip)		(Work	Telephone)
	Operator Number:		(Application	able on	ly if curre	ntly certif	ied)	
	*Social Security Numbe * Social Security Numbers are	r:e used only for the purpos	se of recordkee	E-mail eping in a	address ccordance w	rith Sec. 7(a))(2)(a) of P.L. 93	3-579
3.	EMPLOYED BY:							
	Water System PWSID#				Wast	ewater Sy	stem NPDES	S#
	Check if not currently en	mployed by a water	or wastewa	ter syst	em:			
4.	HIGH SCHOOL DIPL		(School and	l Year (of Graduat	ion)		
	IF GED, LIST DATE R	ECEIVED:						

	WATER		I	II	Ш	IV	Expiration Date
	WASTEWATER	IC	I	II	Ш	IV	Expiration Date
6. PR	EVIOUS TESTING:						
	Have you taken this partic	ular exam previ	ously?	Yes	No	(circle on	ne)
	If so, list the dates that you	u received a fail	ing grad	de on this	exam:		
		TON OF EIGH					OU MUST ATTACH TO THIS FORM TRAINING RECEIVED AFTER THE
7. AP	PLICATION VERIFICATI	ION:					
staten I unde	n contained in this application nents or supporting data may a	n are true and corresult in denial or illity to provide of	orrect to of this a docume	the best of the	of my kno n or suspe pon reque:	wledge and sion/reverse of any	applicant; that all statements made and infor- nd belief. I understand that falsification of ocation of any certificate I may hold. Further, claims on this form and provide supplemental y for certification.
Signa	ture of Applicant:						
Date	signed:						
			**	*NOT	ICE**	<	
this fo	orm must be received by the C	Operator Certific	comple cation P	eted the ap Program n	pplication o later th	in its enti an 30 da	irety. If applying for a paper and pencil exam, ys prior to the date of the examination. Appliting organization after ADEM approval, with

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 nonrefundable 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

Montgomery, Alabama 36130-1463 (334) 271-7796

Visit our website at www.adem.state.al.us