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: (check only one)

WATER GRADE **I** ☐ **II** ☐ **III** ☐ **IV** ☐

WASTEWATER GRADE **IC** ☐ **I** ☐ **II** ☐ **III** ☐ **IV** ☐

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: (check 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 ☐ (check 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. 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 has passed an exam he/she has 5 years to gain the required experience. ADEM Form 506, "Operator Experience Verification" must then be submitted and approved in order to become certified. For more information reference ADEM Administrative Code R. 335-10-1. Mail application with appropriate fee to:

Operator Certification Program
ADEM
Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7796

Visit our website at www.adem.alabama.gov