WPCSOCC EXAM APPLICATION

updated Feb 22, 2024

REQUIRED WITH APPLICATION:

		-	C, 1618 Mail Service Center, Ralei	gh, NC 27699-1618	
Copy of Training School Cerr			proved school. lete applications will be returne	d	
Year high school diploma/G	-				
	Year	Name of Sch	nool, City, State		
Operator Status?			olying as Operator-In-Training (C meet experience requirments.)	PIT)? YES	
Wastewater Operator Number: (if applicable):	 wastewater operator #	Social	Security # (If you do not have an opera	tor #) Date of Birth	
APPLICANT INFORMA	ΓΙΟΝ:				
First Name	Middle Nam	е	Last Name	Suffix	
Street Address		City	State	Zip	
Email					
	-	Cell #	Work #	Home #	
EMPLOYER INFORMAT If applicant is presently		lution control system,	, COMPLETE this section, and Su	ıpervisor sign page 2	
Employer Name		Employer Phone #			
System Name	Permit #			Permit Classification	
Immediate Supervisor		Supervisor.Phone #		Supvisor Extension	
Is supervisor a WPCSOCC certified o	operator? NO	YES, provide supe	rvisor's operator number:		
Postmark Date:	* FOI	R WPCSOCC STAFF USE ON	LY * Check Date:		
Payee:		Check #:	_		

 Approved
 Denied
 Comments:

 Reviewer's Initials:

 Date reviewed:

OPERATIONAL EXPERIENCE:

- List your experience as a wastewater operator including the physical operation of equipment for the system noted below.
- Lab testing, facility and equipment maintenance, administrative support, or direct/indirect supervision, for example, do not qualify as experience. And, employment at a water pollution control system does not, on its own, qualify an applicant for certification.
- Exam Requirements and NC Regulations can be found on the Wastewater Program's Exam page: www.deq.nc.gov
- If using education in lieu of experience, submit college transcripts with this application.
- OIT: Applicants that do not demonstrate they possess the eligibility requirements will be issued an OIT certification. Conversion to full certification after one year of experience requires submittal of a form and \$50.

I am a homeowner operating only my own SS/SI system.

APPLICANT:

- I have read the eligibility requirements for the type and grade certification I am seeking and believe I am eligible to sit for that examination.
- I certify that the information given in this application is true and correct.
- I understand providing false information may lead to the revocation of any and all certificates issued to me by the WPCSOCC.

APPLICANT Signature:

Date:

SUPERVISOR:

- I have reviewed this application and hereby verify all the information and statements provided by the applicant are true and correct.
- I understand that I am responsible for verifying the experience information provided on this application and that any false information provided by the applicant may lead to the revocation of any and all certificates issued to me by the WPCSOCC.
- I recommend that the WPCSOCC consider this applicant for certification.

SUPERVISOR Signature:

Date: