

EXAM APPLICATION - WTFOCB

Please read instructions – Incomplete applications will be denied. [CLICK HERE](#)

EXAM DATES & DEADLINES

[TAB to navigate form]

Date Stamp
Postmark: _____

Refer to our website for specific exam dates for each month/location.
 Complete applications must be postmarked 30 days before the selected exam date.
Late applications & incomplete applications will be returned.

REQUIRED WITH APPLICATION:

- Certificate of Completion for the Board approved school
- Certificate of Completion for Board approved Trenching/Shoring course if applying for C-Distribution
- High School Diploma, Transcript, GED or College Diploma *
- \$50.00 **Non-refundable fee** - payable to WTFOCB by check or money order

PERSONAL INFORMATION:

Have you previously held a certificate with the NCWTFOCB that was revoked, suspended or relinquished?

DRINKING WATER OPERATOR ID: **Social Security Number (Enter if FIRST TIME APPLICANT):** **Date of Birth (MM/DD/YYYY must be 18):**

Applicant First Name: **Applicant Middle Name:** **Applicant Last Name:** **Suffix:**

(As you wish to see it on your certificate)

Applicant Home Address: **City:** **State:** **Zip Code:** **County of Residence:**

Preferred Mailing Address:

Work Phone: **Home Phone:** **Cell Phone:**

Email Address:

EDUCATION:

*** First time applicants must provide copy of diploma. If your experience is based on college credits you must provide a copy of your college transcript.**

Attended Certification School _____
 Attach copy of your Certificate of Completion Completion Date

*** Certification school certificate must be submitted with application. No extensions allowed for supporting documents to be submitted at a later date.**

* FOR WTFOCB STAFF USE ONLY *			
Operator ID# _____	# of previous attempts on exam: _____	Approval Pending:	Called / Emailed
Check/M.O. # _____	Initial Certification	<input type="checkbox"/> Proof of Education	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Certification / Date:	<input type="checkbox"/> School Certificate	_____
Reviewer's Initial: _____	_____ / _____	<input type="checkbox"/> Shoring Certificate	_____
Comments: _____	_____ / _____	<input type="checkbox"/> Experience	_____
_____	_____ / _____	<input type="checkbox"/> Signatures	_____
		<input type="checkbox"/> Other	_____

EMPLOYER INFORMATION (* REQUIRED - if currently employed *)

Employer's Name:

Employer's Phone Number:

Employer's Mailing Address:

City:

State:

Zip:

OPERATIONAL EXPERIENCE:

Enter most recent experience first as it relates to the type/grade system for which you are seeking certification.

Dates of Employment Month/Year From To		Enter System Name & Type	# Hours Worked Per Week	Describe in DETAIL your active, daily, hands-on experience.

NC Statute 93-B (a) requires us to collect the following information. The answers you provide will not impact your eligibility to sit for an exam.

1. Do you have a conviction record?
2. Do you have military training?
3. Are you a military spouse?

I have read and understand the requirements to take this exam as listed in *The Rules Governing Water Treatment Operators [15A NCAC 18D .0201]*. I understand that if I pass the Apprentice Exam, I am not a certified operator and that if I do not pursue and obtain full certification within 5 years, my apprentice certificate will expire.

I certify that the information I provided is correct to the best of my knowledge and understand that recording false information may lead to my certificate being revoked.

Applicant Signature: _____ **Date:** _____

I have reviewed this application and hereby certify that all statements are true and correct to the best of my knowledge. **I, therefore, recommend that the applicant be considered for certification/apprentice status by the Board.** I understand that I am responsible for verifying the experience of the applicant and that false information can lead to the applicant's and/or my certificate being revoked. **Not required for Apprentice Applicants unless currently employed.*

Supervisor Name
(please print):

Supervisor Certification #:

Phone:

Supervisor Signature: _____ **Date:** _____

Mail this application to:
NCWTFOCB
1635 Mail Service Center
Raleigh, NC 27699-1635