

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.

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Have you previously held a certificate with the NCWTFOCB that was revoked, suspended or relinquished?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

☐ Will attend Certification School _____

Must provide copy of Certificate by the 15th of exam month

Dates

* FOR WTFOCB STAFF USE ONLY *

of previous attempts on exam: _____

Operator ID# _____

Initial Certification

Check/M.O. # _____

Certification / Date:

☐ Approved ☐ Pending ☐ Denied

Reviewer's Initial: _____

Comments: _____

Approval Pending:

Called / Emailed

☐ Proof of Education

☐ School Certificate

☐ Shoring Certificate

☐ Experience

☐ Signatures

☐ 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.

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