

WPCSOCC EXAM APPLICATION

REQUIRED WITH APPLICATION:

\$85.00 Fee [Non-refundable/Payable ONLY by check or money order to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618]

Copy of Certificate of Completion for the Commission approved school you attended

COMPLETE application with BOTH signatures. Incomplete applications will be returned.

Year high school diploma/GED received: _____

Is applicant applying as Operator-In-Training? (OIT = *doesn't meet [experience requirement](#) for this grade level*) NO YES

Disciplinary Status?

Wastewater Operator Number (if applicable): _____ *Required ONLY for initial certification* _____ *DOB*

APPLICANT INFORMATION:

First Middle Last

Address

Email Cell # Work # Home #

EMPLOYER INFORMATION:

Applicants presently working at a water pollution control system MUST complete this section:

Employer Employer Phone #

System Permit # Permit Classification

Supervisor Supv.Phone # Supv. Ext.

Is supervisor a WPCSOCC certified operator? NO YES, Provide supervisor's operator number:

* FOR WPCSOCC STAFF USE ONLY *		
Postmark Date: _____		Check Date: _____
Payee: _____	Check #: _____	Amount: \$ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____	
Reviewer's Initials: _____	Date reviewed: _____	

OPERATIONAL EXPERIENCE:

- Provide only time working as a water pollution control system operator, or, ORC whose job responsibility is the physical operation of process equipment. Job responsibilities such as laboratory testing, facility and equipment maintenance, administrative support, or direct or indirect supervision **do not qualify as actual experience**. [15A NCAC 08G .0102(2)]
- Employment at a water pollution control system does not, on its own, qualify an applicant for certification. Applicant must have operational experience on the system noted below. See [Eligibility Requirements](#).
- **Grade III & IV applicants:** If eligibility is based on education, college transcripts are required.
- **OIT:** Applicants that do not demonstrate on THIS application that they meet eligibility requirements will be issued an OIT certification. Any correction(s) as a result of incomplete or incorrect information on THIS application will be required to apply for [conversion](#) (\$20.00 fee).

Employment Dates mm/yyyy From To		System Name/Address/Phone AND System Permit #	Permit CLASSIFICATION	Hours Per Week	Provide <u>DETAILS</u> of <u>Physical Operations</u> Experience for this system

- 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: _____

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

APPLICANT Signature: _____ Date: _____