# WPCSOCC EXAM APPLICATION

- updated Feb 18 2025 -

## **REQUIRED WITH APPLICATION:**

Payee:

Approved Denied Comments:

Reviewer's Initials:

Date reviewed:

| \$85.00 Fee (Non-refundable/Pa                               |   | -                    |                                     | aleigh, NC 27699-1618    |
|--|---|----------------------|-------------------------------------|--------------------------|
| Copy of Training School Certific                             |   |                      |                                     | urpad                    |
| COMPLETED application with E<br>Year high school diploma/GED | -   | required. incomp     | ete applications will be retu       | imea.                    |
|  | Year  | Name of Sch          | ool, City, State                    |                          |
| Operator Status?   |   | Is applicant app     | lying as Operator-In-Trainin        | g (OIT)? YES             |
|  |   | (OIT = does not      | meet experience requirment          | ts.)                     |
| Wastewater Operator Number:<br>(if applicable):              | astewater operator #                                    | Social               | Security # (If you do not have an o | perator #) Date of Birth |
| APPLICANT INFORMATIO   | ON:   |                      |                                     |                          |
| First Name   | Middle Name   |                      | Last Name                           | Suffix                   |
| Street Address   |   | City                 | Sta                                 | te Zip                   |
| Email  |   |                      |                                     |                          |
|  |   | Cell #               | Work #                              | Home #                   |
|  | orking at a water pollut                                |                      | COMPLETE this section, an           | d Supervisor sign page 2 |
| Employer Name  | E   | mployer Phone #      |                                     |                          |
| System Name  | Permit #  |                      |                                     | Permit Classification    |
| Immediate Supervisor   | Supervisor.Phone #                                      |                      |                                     | Supvisor Extension       |
| Is supervisor a WPCSOCC certified ope                        | operator? NO YES, provide supervisor's operator number: |                      |                                     |                          |
| Postmark Date:   | * FOR W   | VPCSOCC STAFF USE ON | LY * Check Dat                      | e:                       |

Check #: Amount: \$\_

## **OPERATIONAL EXPERIENCE:**

- List your experience as a wastewater operator including the physical operation of equipment. INCLUDE DATES of EMPLOYMENT.
- Lab testing, maintenance, administrative support, or direct/indirect supervision, for example, do not qualify as experience.
- Exam Application Requirements are found on the Wastewater Program's Exam page: <u>www.deq.nc.gov</u>
- 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:\_\_