



Application Form

Water or Wastewater Operators Certification Exam

Safe Drinking Water Program

Instructions

Complete all blanks on the document and submit this application with the appropriate fee (\$60) and other necessary documents. Make checks payable to the Treasurer of Guam c/o Guam EPA. Money orders are also accepted. Credit cards are not accepted.

Information about the Applicant

Name and Title of Applicant: _____

Mailing Street Address: _____ Last four of Social Security #: _____

Village: _____ Zip Code: _____

Email: _____ Home Phone Number: _____

I-Connect #: _____ Cell Phone #: _____

Information about the Applicant's Employer

Name of Company/Agency: _____

Mailing Street Address: _____

Village: _____ Zip Code: _____

Job Title: _____ Supervisor: _____

Job Responsibilities: _____

Information about the Application

Date of Application: _____

Type of Application: *New (two year period)* *Re-Exam*

Exam Desired

Water Treatment Level: _____ Wastewater Treatment Level: _____

Water Distribution Level: _____ Wastewater Distribution Level: _____

Information about the Applicant's Educational Attainment

Name of School	Highest Grade Completed	Attendance		Date of Graduation	Course or Degree
		Start year	End year		
Grade school:	1 2 3 4 5 6 7 8				
High school:	9 10 11 12				
Post-Secondary:	1 2 3 4 5 6 7				

Work Experience

List present, or most recent employer first. List all experience related to each position as a facility operator in full detail, including related military experience. If necessary, use additional paper and attached to back of this form.

Employment start date:	Name and address of employer/facility	Supervisor's name and phone number	Your position title:
Employment end date:			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Employment start date:	Name and address of employer/facility	Supervisor's name and phone number	Your position title:
Employment end date:			

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Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Work Experience continued.

Employment start date:	Name and address of employer/facility	Supervisor's name and phone number	Your position title:
Employment end date:			

Describe, in detail, your daily duties as related to the exam for which you are applying. Please be specific:

Training Credits

List previous or approved training courses other than listed in Part 3.

District Association or Name of School	Location of School	Training Course	Date		Credit
			Start	Finish	

If you have or ever held certificate of competency, please furnished the following information:

Type of Certificate	Level Certified	Place of Issuance	Date issued	Expiration Date
Water Distribution System				
Water Treatment Plant				
Wastewater Collection System				
Wastewater Treatment Plant				

Signature of Applicant

I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Administrator, or his representative, for the purpose of issuance of a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission to any required examination applied or revocation of any certificate granted. I further consent to a thorough investigation by the Administrator, or his representative, of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Printed name: _____

Signature: _____

Date: _____

DO NOT WRITE IN THIS SPACE
For Guam EPA use only

_____ **Approved** _____ **Disapproved**

Education _____

Application: _____

Years of Experience: _____

Examination Grade: _____

Training Credits: _____

Level: _____

Certificate Approved for: _____

Expiration Date: _____

Previous Application Approved: _____