

MWEA - Laboratory Practices Committee Voluntary Wastewater Analyst Certification Application for Examination

(Please Print Clearly)

Applicant _____

Exam date and location _____

Company _____

Address _____

City/Town _____ State _____ ZipCode _____

Telephone () - FAX () - _____

Supervisor _____

Certification Sought (circle one) A B C D

Education (circle highest level) **High School** 9 10 11 12 **College** 1 2 3 4

Degree or Certificate Awarded _____

School or Institution Attended _____

Experience (include only wastewater analytical experience)

EMPLOYER	CITY	STATE
POSITION		YEARS
DUTIES		
EMPLOYER	CITY	STATE
POSITION		YEARS
DUTIES		

By signing this form, I verify that all information enclosed herein is true and indicate my agreement to abide by testing procedures and rules or decisions of the MLPC and MWEA regarding certification under this program; and hereby wave any claim that I may have against MLPC or MWEA for alleged negligence or misconduct in its operation/ administration of this program.

Accommodations may be provided for disabled or handicapped persons. Requests must be submitted in writing with this application.

This form must be postmarked 30 days prior to examination date, accompanied by a nonrefundable \$25.00 application fee.

() Check here if you object to your name being released as a Certificate holder.

Signature : _____ Date : _____

Make checks payable to MWEA and mail with application to:
MWEA - Laboratory Practices Committee
c/o Natalie La Fata, Rock Creek PSD, P.O. Box 1060, Imperial, MO 63052