

Missouri Water Environment Association
Collection Systems Committee
Voluntary Collection Systems Operator Certification
APPLICATION FOR RENEWAL V. APRIL 2018

Applicant Name _____

Current Certificate Number: _____

Email Address _____

Applicant Address _____

City/Town _____ **State** _____ **Zip Code** _____

Telephone (____) _____

Employer _____

Supervisor's Name: _____ **Supervisor's Telephone** (____) _____

Training completed to be considered as credit toward renewal certification (a minimum of 20 hours of training related to collection systems is required during every three year renewal period):

Date of Training	Subject	Contact Hours	Name of Trainer (or D.N.R. Course #)	Trainers Phone or Address (or Sponsoring Organization)

Attach documentation pertaining to above training (use additional sheets as necessary).

By signing this form, I verify that all information enclosed herein is true and indicate my agreement to abide by existing procedures and rules or decisions of the MWEA Collection Systems Committee regarding certification & renewal under this program, and hereby waive any claim that I may have against the Committee or MWEA for alleged negligence or misconduct in its operation/administration of this Program. I further agree to allow MWEA to release relevant information regarding the certification status of any participant in this voluntary program.

This form to be completed and accompanied by a \$25.00 renewal fee and submitted within 60 days of the currently held certificate expiration date.

Signature: _____ **Date:** _____

Make checks payable to **MWEA** and mail with application to:

*John H. Lopez
KC Water
7300 Hawthorne Road
Kansas City, MO 64120
Cell: 816-719-0446
John.Lopez@kcmo.org*