



VOLUNTARY COLLECTION SYSTEMS OPERATOR CERTIFICATION

EXAM DATE

The Collection Systems Committee
of the **M**issouri **W**ater **E**nvironment **A**ssociation
is proud to announce the following date and location:

The Centre - Rolla's Health and Recreation Complex
Meeting Room B
1200 Holloway St, Rolla, MO 65401

Wednesday, January 28, 2026
1:00 p.m. – 4:00 p.m.

Seating limited – Please register early!

Applications for examination and/or questions can be secured by contacting:

Ryan Poertner
Ace Pipe Cleaning, Inc.
4410 Hunt Ave
St Louis, MO 63110
rpoertner@acepipe.com
314-368-1574

Submit Applications for examination by Friday, January 23, 2026.

Missouri **W**ater **E**nvironment **A**ssociation
Collection Systems Committee
Voluntary Collection Systems Operator Certification

APPLICATION FOR EXAMINATION

Exam Date _____ **Location** _____ **Time** _____

Applicant Name_____
(Please **print clearly** the name you would want on your certificate)

Address _____

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

Telephone (_____) _____ **Applicant Email address** _____

Employer _____ **Work Email** _____

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

Certification Level Sought **(circle one)** **A** (min. 6 yrs.) **B** (min. 4 yrs.) **C** (min. 2 yrs.) **D** (min. 6 mos.)

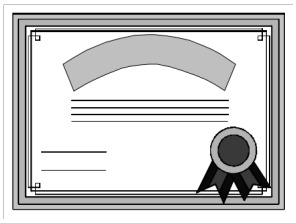
Experience: (describe Collection System experience; additional experience may be provided on attached sheet, if necessary)

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 MWEA Collection Systems Committee regarding certification 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 information regarding the status of any participant in this voluntary program. Accommodations may be provided for persons with disabilities or physical handicaps. Requests for such must be submitted in writing with this application.

This form to be completed and accompanied by a $25.00 non-refundable application fee.

Signature: _____**Date:** _____



Make checks payable to "**MWEA"** and mail with application to the MWEA

Collection Systems Committee Registrar:

Ryan Poertner
Ace Pipe Cleaning, Inc.
4410 Hunt Ave
St Louis, MO 63110
rpoertner@acepipe.com
314-368-1574

Missouri Water Environment Association
Voluntary Collection Systems Operator Certification
APPLICATION FOR RENEWAL

Applicant Name_____

Current Certificate Number:_____

Email Address _____

Address_____

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

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. Make checks payable to MWEA (do not list any name on the check)

Signature: _____ **Date:** _____

Mail the application to:

Ryan Poertner
Ace Pipe Cleaning, Inc.
4410 Hunt Ave
St Louis, MO 63110
rpoertner@acepipe.com
314-368-1574

2/2021