**M**issouri **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.)

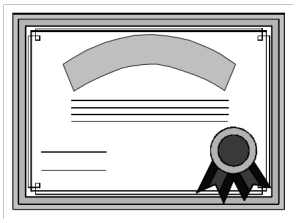
**Experience:** (describe Collection System experience; additional experience may be provided on attached sheet, if necessary)

| | | |
|---|---|---|
| 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