



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:

Cooper Creek Treatment Plant
2855 Fall Creek Rd
Branson, MO 65616

Friday, September 25th, 2026
1:00p.m. – 4:00 p.m.

Seating limited to 9 applicants – 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, via email, for examination by September 18th, 2026.
NEW: Payment can be mailed to Ace Pipe Cleaning office or made online at
https://mwea.starchapter.com/catalog.php?cat=2

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.)

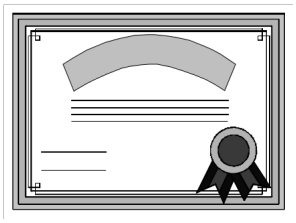
Experience: (describe Collection System experience; additional experience may be provided on attached sheet, if necessary)

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:

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