KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
APPLICATION FOR OPERATOR EXAMINATION

THIS FORM MUST BE COMPLETED BY THE APPLICANT AND RECEIVED BY THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT NO LATER THAN TWO WEEKS BEFORE THE DATE OF EXAMINATION. THE $25.00 FEE MUST ACCOMPANY THE APPLICATION.

LOCATION OF EXAMINATION: ___________________________ DATE OF EXAMINATION: _______________________

CERTIFICATION CLASS APPLYING FOR:  CLASS SMALL SYSTEM ___  CLASS I ___  CLASS II ___
CLASS III ___  CLASS IV ___

PLEASE PRINT

SECTION A – PERSONAL INFORMATION

TITLE: (MR.)(MRS.)(MS)  Applicants’ e-mail address: __________________________
LAST NAME: __________________________  FIRST NAME: __________________________
ADDRESS: __________________________
CITY: __________________________  STATE: _____  ZIP: _____  COUNTY: __________________________

TELEPHONE (WORK): __________________________  (CELL): __________________________  (HOME): __________________________

EMPLOYER: __________________________  EMPLOYER CONTACT: __________________________
ADDRESS: __________________________  EMPLOYER PHONE #: __________________________
CITY: __________________________  STATE: ________  ZIP: __________________________

(OVER)
SECTION B – EDUCATION *(Education must meet requirements of K.A.R. 28-16-30(1)(3))*

<table>
<thead>
<tr>
<th>High School Diploma:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>GED:</td>
<td>Yes</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>High School Attended</th>
<th>City and State</th>
<th>Graduation Year</th>
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*This information must be provided or the application will be returned. Copy of GED or High School Diploma Must Accompany Application.*

<table>
<thead>
<tr>
<th>College or University Attended</th>
<th>Dates Attended</th>
<th>Hours or Degree Obtained</th>
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*2 College Transcript Must Accompany Application*

SECTION C – EXPERIENCE *(Experience for the desired certification class must meet requirements of K.A.R. 28-16-31(a))*

STATEMENT

I, ___________________________ AM PRESENTLY EMPLOYED BY

_____________________________ IN THE OPERATION, MAINTENANCE

AND/OR MANAGEMENT OF THEIR WASTEWATER TREATMENT FACILITY.

WORK HISTORY – ONLY WORK PERTAINING TO A WASTEWATER TREATMENT FACILITY. AS PER K.A.R. 28-16-30, THIS SHALL INCLUDE ONLY THAT WORKING EXPERIENCE WHERE THE OPERATOR IS ENGAGED IN THE DAILY OPERATION, MAINTENANCE, OR BOTH, OF A WASTEWATER TREATMENT FACILITY.

*(APPLICATION WILL NOT BE ACCEPTED IF THIS INFORMATION IS NOT PROVIDED)*

**PRESENT EMPLOYER:**  **EMPLOYED FROM (YYYY/MM):**  **EMPLOYED TO (YYYY/MM):**  **HOURS PER WEEK:**

_____________________________  __________________________  __________________________  __________________________

DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

SUPERVISOR’S SIGNATURE: ___________________________
SECTION C – EXPERIENCE (CONTINUED)

PREVIOUS WORK HISTORY – ONLY WORK PERTAINING TO WASTEWATER TREATMENT FACILITY.

PREVIOUS EMPLOYER: __________________________  EMPLOYED FROM (YYYY/MM): __________________________  EMPLOYED TO (YYYY/MM): __________________________  HOURS PER WEEK: __________________________

DETAILED LIST OF DUTIES PERFORMED/NO. OF HOURS PER WEEK PERFORMING THESE DUTIES:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

NAME OF CONTACT FOR EMPLOYMENT VERIFICATION: __________________________

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL LEAD TO FORFEITURE OF THE APPLICATION FEE AND A PROHIBITION FROM TAKING A WASTEWATER OPERATOR EXAMINATION FOR A PERIOD OF TWO YEARS.

________________________________________________________________________________________

_________________________________________  __________________________

3(SIGNATURE)  (DATE)

3 APPLICATION WILL NOT BE ACCEPTED WITHOUT OPERATOR SIGNATURE.

***NOTE: TO ASSURE THIS APPLICATION IS MAILED ON TIME IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF***

(OVER)
SECTION D – TRAINING ATTENDED

WORKSHOPS, SCHOOLS & CORRESPONDENCE COURSES APPLICABLE TO THIS EXAMINATION

COURSE TITLE | LOCATION | DATE
--- | --- | ---

If paying by Credit Card, please complete this form.

CREDIT CARD PAYMENTS ONLY

Type of Card: ___ Visa ___ MasterCard ___ Discover

Account Number: __________________________ Expiration Date: __________

Name as it appears on the card: __________________________

Mailing Address: __________________________

City / State/ Zip Code: __________________________

Signature: __________________________ Daytime Phone: _______ Evening Phone: _______

Email address: __________________________

SEND COMPLETED APPLICATION AND $25.00 FEE TO: FRANK MORENO
KDHE-BUREAU OF WATER
1000 SW JACKSON ST., SUITE 420
TOPEKA, KS 66612-1367

PAYMENT MUST BE MADE PAYABLE TO KDHE AND MUST ACCOMPANY THIS APPLICATION
Acknowledgment

I, the undersigned, hereby acknowledge that I am an applicant for Certification as an Operator of a Water Supply System and/or Wastewater Treatment Facility (“Applicant”) from the Kansas Department of Health and Environment (“KDHE”) pursuant to K.S.A. 65-4501 through 4517, and applicable rules and regulations (“Act”). To be certified, I must pass the appropriate written examination.

I acknowledge that committing any of the following acts on a written examination shall be deemed misconduct:

1. Utilizing text materials, notes, computer-stored materials, or other unauthorized materials while taking an examination; or
2. without express authorization from examination officials, undertaking any of the following:
   a. removing or attempting to remove examination materials furnished by the KDHE from the examination room;
   b. aiding another applicant, or accepting aid from another applicant in answering examination questions during a written examination; or
   c. making or attempting to make a manual or electronic copy of the written examination.

I further acknowledge that I will be subject to both of the following penalties for misconduct on a written examination pursuant to K.A.R. 28-16-32(g):

1. Denial of the certification for which I am an Applicant; and
2. Becoming ineligible to reapply for certification in any operator classification for a period of one year from the date on which the determination of misconduct becomes final.

I acknowledge and agree that I am aware of what acts constitute misconduct on a written exam, and the penalties for committing misconduct on a written exam.

ACKNOWLEDGED:

Name:______________________________

Signature:__________________________

Date:__________________________

8/12/2014