



# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## APPLICATION FOR OPERATOR EXAMINATION

-----FOR OFFICE USE ONLY-----DO NOT WRITE IN THIS SPACE-----

I.D. # \_\_\_\_\_ APPLICATION VERIFIED \_\_\_\_\_  
FINAL SCORE \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_  
DISTRICT \_\_\_\_\_ NOTES: \_\_\_\_\_

**WATER**

**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)*)

High School Diploma: \_\_\_ Yes \_\_\_ No                      <sup>1</sup>GED: \_\_\_ Yes \_\_\_ No                      Year: \_\_\_\_\_

<sup>1</sup> High School Attended	<sup>1</sup> City and State	<sup>1</sup> Graduation Year

*<sup>1</sup>This information must be provided or the application will be returned. Copy of GED or High School Diploma Must Accompany Application.*

<sup>2</sup> College or University Attended	Dates Attended	Hours or Degree Obtained

*<sup>2</sup>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  
(NAME)  
\_\_\_\_\_ IN THE OPERATION, MAINTENENACE  
AND/OR MANAGEMENT OF THEIR WATER SUPPLY SYSTEM.

**WORK HISTORY – ONLY WORK PERTAINING TO A WATER SUPPLY SYSTEM. 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 WATER SUPPLY SYSTEM.**

*(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 WATER SUPPLY SYSTEM.**

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 WATER OPERATOR EXAMINATION FOR A PERIOD OF TWO YEARS.**

\_\_\_\_\_  
<sup>3</sup>(SIGNATURE)

\_\_\_\_\_  
(DATE)

<sup>3</sup>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: CLINTON SCHUCKMAN  
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: \_\_\_\_\_