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  _____ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>GED:</td>
<td>_____ Yes  _____ No</td>
</tr>
<tr>
<td>Year:</td>
<td>______</td>
</tr>
</tbody>
</table>

`\textsuperscript{1}`High School Attended | `\textsuperscript{1}`City and State | `\textsuperscript{1}`Graduation Year

`\textsuperscript{1}`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>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

`\textsuperscript{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 (NAME) ___________ IN THE OPERATION, MAINTENANCE 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)**

<table>
<thead>
<tr>
<th>Present Employer:</th>
<th>Employed From (YYYY/MM):</th>
<th>Employed To (YYYY/MM):</th>
<th>Hours Per Week:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SUPERVISOR’S SIGNATURE: __________________________________________________
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.

____________________________________________________

3(SIGNATURE) (DATE)

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***
SECTION D – TRAINING ATTENDED

WORKSHOPS, SCHOOLS & CORRESPONDENCE COURSES APPLICABLE TO THIS EXAMINATION

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>LOCATION</th>
<th>DATE</th>
</tr>
</thead>
</table>

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:___________________________

8/12/2014