WATER POLLUTION CONTROL SYSTEM OPERATORS CERTIFICATION COMMISSION

Animal Waste Management System Operator Certification Examination Application

Please read the instructions on BOTH SIDES of this form carefully. Please PRINT (or TYPE) all responses in BLACK INK.

Examination Fee: $25.00 ***(There is a $25.00 processing fee for all checks returned for insufficient funds)***

Examination Selection (select one): _____ **TYPE A** _____ **TYPE B**

Have you previously taken this examination? (circle one) **Yes** **No** If Yes, when? _____

Have you held a certificate with the WPCSOCC that was revoked, suspended, or invalidated? (circle one) **Yes** **No**

Circle the examination location and month you prefer:

Kenansville	Morganton	Raleigh	Salisbury	Williamston
March	June	September	**November** *(changed from Dec)*	

Social Security Number: _____/_____/_____ **Date of Birth** _____/_____/_____

Applicant's Name (circle one) Mr. / Ms. _____
(As you wish it to appear on your certificate) First Middle Last Jr., Sr., III etc.

Applicant's Address: _____
(Mailing address or PO Box)

_____
(City) **(State)** **(Zip Code)** **(County)**

Work Telephone Number _____/_____ **Home Telephone Number**: _____/_____

REQUIRED SCHOOL INFORMATION

Applicants must complete an approved training school before applying for any examination offered by the Commission. Applications must be accompanied by a certificate of completion and the appropriate fee, and **must be postmarked at least 30 days prior to the date of the examination**.

Title of Training	Location/instructor(s)	Date(s)

APPLICANT'S SIGNATURE

I hereby certify that the information given in this application is correct to the best of my knowledge. I understand that providing false information on this application may lead to the revocation of any and all certificates issued to me by the Water Pollution Control System Operators Certification Commission (WPCSOCC). I have read the eligibility requirements for the type certification I am seeking and believe that I am eligible to sit for the examination for that certification.

Applicant's Signature _____ **Date** _____

FOR WPCSOCC STAFF ONLY

Payee: _____ Check #: _____ Amt: _____

Approved _____ Reviewer's Initials _____ Date _____ Invoice # _____

Before mailing this application, be sure that:

- **You have provided all required or requested information and documentation.**
- **The application is legible - applications that cannot be read will not be reviewed.**
- **A certificate of completion for the required training school is included with this application. You must complete the training *before* applying for the examination.**
- **You have signed and dated your application in the appropriate location.**
- **You have enclosed the $25 application fee. (**Please note that a $25.00 fee will be charged for all checks returned for insufficient funds.)

In order for this application to be processed, it must be accompanied by the appropriate fee and be **postmarked at least 30 days prior to the date of the examination**.

Please make all checks payable to the **WPCSOCC** (Water Pollution Control System Operators Certification Commission) and mail this completed application to:

WPCSOCC
1618 Mail Service Center
Raleigh NC 27699-1618