

# **NEVADA WATER ENVIRONMENT ASSOCIATION INDUSTRIAL WASTE OPERATOR APPLICATION FOR RESTRICTED CERTIFICATION**

(Revised May 2020)

Full Name:	Grade Applying For:						
	(Please print/type your n	ame as you want it to ap	pear on certificate)	(1, 2, 3, or 4)			
Address:				Home Phone:			
	(Street Number)	(City) (State	e) (Zip Code)				
Email Address:				_			
	NOTE: The oper	ator is responsible	to notify Administr	ator of future address changes.			
Are you a veter	an of the United State	es Armed Forces: Yo	es No MOS 8	& Branch:			
		_					
EXAMINATION:	: Computer <b>or</b>	_ Written APPRO	VAL LETTER: Ema	illed <b>or</b> [ ] Mailed			
Applying for: CE	ERTIFICATION TYPE (c	hoose one): PHY	/SICAL/CHEMICAL	BIOLOGICAL			
	rtification as an indus educational requiren	•	•	le to demonstrate the required operating			
_	chool diploma, general one year full-time exp			quivalent and 50 contact hours of wastewater related			
· · · · · · · · · · · · · · · · · · ·	rements for Grade I an ears of full-time exper			water related education (total of 100 contact hours);			
<b>Grade III:</b> Requi		and two postseconda	ary courses of instructi	ion; and three years full-time experience as a			
=	irements for Grade III full-time experience a	•	· · · · · · · · · · · · · · · · · · ·	of instruction (total of four postsecondary); and at			
Total Amount o	of Experience as an inc (Lis		<b>itor:</b> q <i>uivalent (FTE)</i> industr	Years Months ial waste operator)			
		PRES	SENT EMPLOYMEN	т			
Employer:			Empl	oyer's Phone #:			
Date of Hire:							
Address:							
Job Title:			Len	gth of Service as an Operator:			
Give a descripti	ion of your job duties	:					
Nome of Com-							
Name of Superv		nalties for attesting to	false information.				
				Signature of Supervisor/Date			

PREVIOUS INDUSTRIAL WASTE OPERATOR WORK EXPERIENCE						
Dates of Service	Total Years	Employer's Name/Address/Phone		Your Position/Supervisor's Name		
Summarize any additional experience you have had which qualifies you for certification as an industrial waste operator:						
EDUCATION						
List below the name of school, location, city and state in which you attended school			Years Attended	Degree(s) Obtained		
(a) High School						

## CFUs or Post Secondary

COURSE	HOURS	COURSE	HOURS

### WASTEWATER PROFESSIONAL CODE OF CONDUCT

The Wastewater Professional Code of Conduct requires certificants holding Wastewater Treatment Plant Operator, Collection System Operator, Industrial Waste Operator, Industrial Waste Inspector, Plant Maintenance Technologist and Wastewater Quality Analyst certifications to act honestly, competently, and with integrity and to use their knowledge and skill for protection of the environment. As a condition of holding and maintaining a Nevada certification, I agree to:

Be truthful and accurate in what I say, do, and write.

(b) College

- Adhere to all laws and regulations applicable to the profession.
- Promote and encourage the highest quality of wastewater facility/system operation within the industry.
- Not misrepresent nor permit misrepresentation of my qualifications or the qualifications of my associates.
- Not conduct myself in a manner that subverts or attempts to subvert the minimum certification requirements, application processes, or examination processes.
- Uphold and follow all certification policies and procedures.

to the Wastewater Professional Code of Conduct. If this information is found to be untrue or inaccurate, I am aware that my certification may be suspended or revoked.					
DATE:	SIGNATURE	:			
The nonrefundable application fee (Nevada Water Environment Associated time of filing this application. Certificat renewable upon payment of \$130 fee. card. The Program Administrator will information. The credit card information. Incomplete applications awaiting and/or documentation will be for which the candidate will need to suffee.	ton) is due and payable at the tes are valid for two years, and You can also pay with a credit on will not be stored.  I call to obtain the credit card on will not be stored.  In additional information of the stored of the stored of the stored of the stored.	MAIL TO:	NWEA P.O. Box 98235 Las Vegas, NV 89193 (775) 465-2045 ng with a credit card.		

I certify that the information provided, including attachments, is true and accurate. By signing this application, I agree to adhere