



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

(Revised April 2018)

**Full Name:** \_\_\_\_\_ **Grade Applying For:** \_\_\_\_\_  
*(Please print/type your name as you want it to appear on certificate)* *(1, 2, 3, or 4)*

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
*(Street Number) (City) (State) (Zip Code)* **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you a veteran of the United States Armed Forces:** Yes  No  **MOS & Branch:** \_\_\_\_\_

**NOTE: The operator is responsible to notify Administrator of future address changes.**

**Applying for: CERTIFICATION TYPE (choose one):** PHYSICAL/CHEMICAL  BIOLOGICAL

**EXAMINATION:**  Computer or  Written

**Total Amount of Experience as a Industrial Waste Operator:** \_\_\_\_\_ Years \_\_\_\_\_ Months  
*(List only full-time or equivalent (FTE) operator employment)*

**PRESENT EMPLOYMENT**

**Employer:** \_\_\_\_\_ **Employer's Phone #:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Length of Service as an Industrial Waste Operator:** \_\_\_\_\_

**Give a description of your job duties:** \_\_\_\_\_

\_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

*I am aware that there are significant penalties for attesting to false information.* \_\_\_\_\_

Signature of Supervisor/Date

**PRESENT EMPLOYER'S INDUSTRIAL WASTE TREATMENT FACILITIES**

**Type(s) of Treatment:** \_\_\_\_\_ **Treatment Capacity: Average** \_\_\_\_\_ **MGD** **Maximum** \_\_\_\_\_ **MGD**

**Receiving Stream:** POTW (Indirect Discharger)  Waters of the State (Direct Discharger)

**Brief Description of Treatment Plant and Treatment Methodology:** \_\_\_\_\_

**Brief Description of Industrial Processes That Generate Wastestreams:** \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

List below the name of school, location, city and state in which you attended school	Years Attended	List Science, Engineering or Wastewater Courses and Degree(s) Obtained
(a) High School		
(b) College		
(c) Graduate School		
(d) Trade Business or Correspondence		

**(e) Wastewater Courses Satisfactorily Completed:** \_\_\_\_\_

Other education or training you have had (science or wastewater related): \_\_\_\_\_

Are you presently enrolled in a wastewater course? Yes  No

Instructor's Name: \_\_\_\_\_ Where: \_\_\_\_\_

**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: \_\_\_\_\_

**REFERENCES**

Give at least three references as to your operating ability (Supervisors, Foremen, etc.)

Name	Address	Phone	Job Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you hold a valid Industrial Waste Operator's Certificate? Yes  No  State: \_\_\_\_\_  
Grade: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Date Renewed: \_\_\_\_\_

Was this certificate received by reciprocity? Yes  No  If yes, from what state? \_\_\_\_\_

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

*Please note: Obtaining certification as an Industrial Waste Operator does not satisfy the NAC 445A.287-292 certification requirements for operator of a plant for sewage treatment.*

The nonrefundable application fee of \$150 payable to N.W.E.A. (Nevada Water Environment Association) is due and payable at the time of filing this application. Certificates are valid for two years, and renewable upon payment of \$80 fee. You can also pay with a credit card. The Program Administrator will call to obtain the credit card information. The credit card information will not be stored.	<b>MAIL TO:</b> NWEA P.O. Box 98235 Las Vegas, NV 89193 (775) 465-2045 <input type="checkbox"/> Paying with a credit card.
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**Items Below for Committee Use Only**

Payment Received: \_\_\_\_\_  
Check No.: \_\_\_\_\_

Approved for Grade: \_\_\_\_\_ Not Approved  \_\_\_\_\_ Administrator Signature

Examination Date: \_\_\_\_\_ Examination Proctor: \_\_\_\_\_

Examination Location: \_\_\_\_\_

Examination Score: \_\_\_\_\_ Pass  Fail  Certified for Grade: \_\_\_\_\_

Certificate Issued: \_\_\_\_\_ Certificate No.: \_\_\_\_\_ Expires: \_\_\_\_\_