



**NEVADA WATER ENVIRONMENT ASSOCIATION
INDUSTRIAL WASTE INSPECTOR
APPLICATION FOR CERTIFICATION**
(Revised August 2009)

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: _____

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

Applying for: EXAMINATION **Preferred Testing Location:** Las Vegas Reno Ely Elko Other
 RECIPROCITY **From What State?** _____

Total Amount of Experience as an Industrial Waste Inspector: _____ **Years** _____ **Months**
(List only full-time or equivalent (FTE) Inspector employment)

PRESENT EMPLOYMENT

Employer: _____ **Employer's Phone #:** _____

Date of Hire: _____

Address: _____

Job Title: _____ **Length of Service as an Inspector:** _____

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

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) Pretreatment related courses satisfactorily completed: _____

(f) Give any 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 PRETREATMENT INSPECTOR 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 Pretreatment Inspector: _____

REFERENCES

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

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

Do you hold a valid Industrial Waste Inspector 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. If this information is found to be untrue or inaccurate I am aware that my certification may be suspended or revoked.

DATE: _____ SIGNATURE: _____

The 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. The fee is \$200 for reciprocity. Certificates are valid for two years, and renewable upon payment of \$80 fee.

MAIL TO: NWEA
P.O. Box 190
Smith, NV 89430
(775) 465-2045

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: _____