



**NEVADA WATER ENVIRONMENT ASSOCIATION
INDUSTRIAL WASTE OPERATOR
APPLICATION FOR CERTIFICATION**
(Revised January 1, 2008)

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

Address: _____ **Phone:** _____
(Street Number) (City) (State) (Zip Code)

Email Address: _____

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

Applying for: CERTIFICATION TYPE (choose one): PHYSICAL/CHEMICAL BIOLOGICAL
EXAMINATION Preferred Testing Location: Las Vegas Reno Ely Elko
RECIPROCITY From What State? _____

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 #:** _____

Address: _____

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

Give a description of your job duties: _____

Name of Supervisor: _____

I attest to the operator experience represented herein by the applicant. _____

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? _____

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.

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|--|---|
| 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: _____