



Ohio Water Environment Association
 1890 Northwest Blvd, Suite 210
 Columbus, OH 43212
 Phone: 614.488.5800
 Fax: 614.488.5801

Application For Voluntary Certification
 as an Industrial Pretreatment Inspector

NOTE: You must submit a completed application form. A completed application form includes a **\$95.00** fee; detailed employment information; verification of education qualifications attached or on file; applicant signature and notarization. **Fee is Non-Refundable.**

Failure to file a completed application form by the filing date may result in your ineligibility for that examination.

(Type or Print)

PERSONAL INFORMATION

Your name as you would like it to appear on your certificate			Social Security No (last 4 digits)
Your email address is optional			Birth date
Home Address			Home telephone
City	State	ZIP	Ohio County
Business Address			Business telephone
City	State	ZIP	Ohio County

FORMAL EDUCATION

High School / GED			
High School attended and location		Year Graduated or GED received	

Beyond High School – Credit claimed must be supported by an official transcript from the institution			
Name of Institution	Years attended	Graduation date	Degree Received

INDUSTRIAL PRETREATMENT FACILITY INSPECTOR CERTIFICATION

Date of Certificate		Please attach a copy of the Certificate
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OTHER RELEVANT PROFESSIONAL CERTIFICATIONS.

Certification/License	Issuing Body	Date(s)

Any additional information pertaining to experience, education and professional certifications should be furnished on 8½x11 sheets. Date and sign additional sheets.

EXPERIENCE HISTORY

List your present employment first. Give a detailed description of your work experience *INCLUDING* job classification, position title, job duties and location of employment. *SHOW THE TOTAL NUMBER OF HOURS SPENT IN INDUSTRIAL PRETREATMENT INSPECTOR DUTIES.*

Dates of Employment	Detailed Description of Work Experience	
From		
To	Estimated Total Number of Hours Spent in Industrial Pretreatment Inspector Duties	
Name of Employer		Supervisor
Address		Phone
Dates of Employment	Detailed Description of Work Experience	
From		
To	Estimated Total Number of Hours Spent in Industrial Pretreatment Inspector Duties	
Name of Employer		Supervisor
Address		Phone
Dates of Employment	Detailed Description of Work Experience	
From		
To	Estimated Total Number of Hours Spent in Industrial Pretreatment Inspector Duties	
Name of Employer		Supervisor
Address		Phone
Dates of Employment	Detailed Description of Work Experience	
From		
To	Estimated Total Number of Hours Spent in Industrial Pretreatment Inspector Duties	
Name of Employer		Supervisor
Address		Phone

Any additional information pertaining to employment experience should be furnished on 8½x11 sheets. Date and sign additional sheets.

SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. I also consent to a through investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied.

(Signature of Applicant)

DATE: _____

(Signature of Notary)

DATE: _____

MAIL APPLICATION TO:

Frederick A. Neugebauer City of Akron, Water Pollution Control Division 2460 Akron Peninsula Road Akron, Ohio 44313
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