

**APPLICATION FOR WASTEWATER LABORATORY ANALYST CERTIFICATION**

NOTE: You must submit a completed application form. A completed application from includes a **\$95.00** fee; detailed employment information; verification of educational 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.

*THIS IS AN APPLICATION FOR CLASS: I II III IV* (Circle One) DATE: \_\_\_\_\_

(Type or Print) Preferred Testing Location:  Central/Southern OH  
 Northern OH

**INFORMATION:**

NAME \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(County) (State) (Zip Code)

OFFICE PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ (last 4 digits) EMAIL: \_\_\_\_\_

Have you ever applied for Lab Certification Exam? YES NO (Circle One)

WEF/OWEA Membership # \_\_\_\_\_

**EDUCATION AND TRAINING**

Circle the highest grade attended:

Elementary and High School 1 2 3 4 5 6 7 8 9 10 11 12  
College 1 2 3 4 5 6 7 8

High School Graduate or GED: YES NO (Circle One)

College Graduate: YES NO (Circle One)

Degree \_\_\_\_\_ Major \_\_\_\_\_ Date Granted \_\_\_\_\_

Name and location of College: \_\_\_\_\_

Other degree: \_\_\_\_\_

**EXPERIENCE HISTORY**

List your present employment first. Give a detailed description of your work experience *INCLUDING* job classification, position title, job duties, location of employment.

**SHOW THE TOTAL NUMBER OF HOURS SPENT IN ACTUAL ANALYTICAL DUTIES.**

Document only employment history sufficient for qualification for the desired exam.

(1 year = 2080 hours)

DATE OF EMPLOYMENT – FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Detailed Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Hours=** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**If needed, attach further information.**

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

**NOTE:** Make checks payable to **Ohio Water Environment Association**

Mail application and check to:

**OWEA-LAC**

**EVA HATVANI - NEORSD**

4747 E. 49<sup>TH</sup> STREET

CUYAHOGA HEIGHTS, OH 44125