

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 **OWEA**

Mail application and check to:
Ohio Water Environment Association
1890 Northwest Blvd. Suite 210
Columbus, Ohio 43212

Please email certification@ohiowea.org with questions or comments.