Note: Before completing this form, please read Tennessen Warning on page 2.

Name: 
Exam date: _______  Exam location: ____________________________
Have you taken this exam before?  Yes  No
Is Yes, previous date: ____________________________
Previous location: ____________________________

Instructions (Read instructions carefully before completing application)
To be eligible to take a certification exam, you must have hands-on wastewater facility operations experience. Exam application fees are nonrefundable even if you are found to be ineligible. Eligibility requirements are listed on the Minnesota Pollution Control Agency (MPCA) website at http://www.pca.state.mn.us/publications/wq-wwtp8-13.pdf. If you have questions about your eligibility, contact Dianne Navratil at 651-757-2599.

1. Complete both sides of this application, sign, and date it.
2. Make checks payable to Minnesota Pollution Control Agency.
3. This application fee must be included or application will be returned.
4. Applications must be postmarked at least 15 days before the exam date.
5. Incomplete applications will be returned.
6. Read the Tennessen Warning about your rights and information you submit.

Mail completed form to:  Attn: Fiscal Services – 6th floor
Dianne Navratil – Certification and Training Unit
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Select only one examination below:

<table>
<thead>
<tr>
<th>Wastewater facility operator</th>
<th>Collection system operator</th>
<th>Land application of biosolids</th>
<th>Spray irrigation of wastewater</th>
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</thead>
<tbody>
<tr>
<td>$55  Class A*</td>
<td>$55  Class SA*</td>
<td>$15  Type 4 Biosolids operator</td>
<td>$15  Type 5 Spray operator</td>
</tr>
<tr>
<td>$55  Class B</td>
<td>$55  Class SB</td>
<td>$15  Type 4 Biosolids inspector**</td>
<td>$15  Type 5 Spray inspector**</td>
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<tr>
<td>$55  Class C</td>
<td>$55  Class SC</td>
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<td>$55  Class D</td>
<td>$55  Class SD</td>
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* Class A or SA applicants must attach a current position description and work organization chart or chain-of-command flow chart.
** Type 4 or 5 inspector applicants must attach a list of at least ten inspections completed in the presence of a certified inspector and the inspector’s name.

General Information (This application form must be correctly filled out and all questions must be answered in full.)

Last name: ____________________________  First name: ____________________________  Middle name/Initial: ____________________________

Designated mailing address: ____________________________
City: ____________________________  State: ____________________________  Zip: ____________________________
Current employer: ____________________________  Work phone or cell phone: ____________________________
E-mail: ____________________________  Home phone: ____________________________  Fax: ____________________________
Wastewater certificate number: ____________________________  Expiration date: ____________________________

Under certain conditions, the MPCA will provide special exam testing accommodations. If needed, please describe below:
Educational Background
High school - check highest grade completed: □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ GED

School: ____________________________  Location: ____________________________  Date: ____________________________
Trade School, College, or University – check years completed: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6
(If you are substituting education for part of the experience requirement, you must submit an official transcript.)

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location</th>
<th>Major</th>
<th>Credits Semester/Qtr</th>
<th>Certificate/Degree Year</th>
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Work Experience (List your current employer first. Attach additional sheets if needed using the same format.)

For each employer: 1) List the wastewater operation tasks you performed, and
2) List the average number of hours per week performing these tasks.

1) Employer/Facility: ____________________________
Facility location: ____________________________
Position: ____________________________  Facility Class: ____________________________
Supervisor name: ____________________________  Phone: ____________________________
Operational tasks: ____________________________

Length of experience:
Hours per week: ____________________________
From: ____________________________ (MM/DD/YYYY)
To: ____________________________ (MM/DD/YYYY)

2) Employer/Facility: ____________________________
Facility location: ____________________________
Position: ____________________________  Facility Class: ____________________________
Supervisor name: ____________________________  Phone: ____________________________
Operational tasks: ____________________________

Length of experience:
Hours per week: ____________________________
From: ____________________________ (MM/DD/YYYY)
To: ____________________________ (MM/DD/YYYY)

3) Employer/Facility: ____________________________
Facility location: ____________________________
Position: ____________________________  Facility Class: ____________________________
Supervisor name: ____________________________  Phone: ____________________________
Operational tasks: ____________________________

Length of experience:
Hours per week: ____________________________
From: ____________________________ (MM/DD/YYYY)
To: ____________________________ (MM/DD/YYYY)

Tennessee warning: Pursuant to Minn. Stat. § 13.41, the information you provide on this application is classified as private data (except for your name and designated address) until the time you are licensed/certified. Once you are licensed/certified, all the information provided will be classified as public data and become part of the MPCA’s public file. If you are not licensed/certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA in processing your application. The MPCA will use the information when determining your qualifications for obtaining a license/certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you do not supply the requested information, it will be difficult for the MPCA to determine your qualifications for licenser/certification. While your application is pending, the not public data that you submitted will be available only to authorized personnel within the agency and to those authorized or required by law or court order. In such cases, it may then be shared with other agencies, including the Minnesota Department of Revenue, the Office of the Minnesota Attorney General and persons contacted for purposes of verification or investigation. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credentials after it is issued.

I declare that all information provided is true and complete. I hereby acknowledge that I have read and understand the information above.

Signature: ____________________________  Date: ____________________________