



Minnesota Pollution Control Agency
 520 Lafayette Road North
 St. Paul, MN 55155-4194

Application for Wastewater Certification Examination

Certification and Training

Doc Type: Certification Application

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

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

MPCA Use Only	
App check ID	_____
App check #	_____
Check amt	_____
PM date	_____
Deposit	_____
Invoice	_____
	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Exam results	_____
Issue date	_____
Exp date	_____
Certificate #	_____

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.

Type or print **neatly** in blue or black ink.

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 Tennessee 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:

Wastewater facility operator	Collection system operator	Land application of biosolids	Spray irrigation of wastewater
<input type="checkbox"/> \$55 Class A*	<input type="checkbox"/> \$55 Class SA*	<input type="checkbox"/> \$15 Type 4 Biosolids operator	<input type="checkbox"/> \$15 Type 5 Spray operator
<input type="checkbox"/> \$55 Class B	<input type="checkbox"/> \$55 Class SB	<input type="checkbox"/> \$15 Type 4 Biosolids inspector**	<input type="checkbox"/> \$15 Type 5 Spray inspector**
<input type="checkbox"/> \$55 Class C	<input type="checkbox"/> \$55 Class SC		
<input type="checkbox"/> \$55 Class D	<input type="checkbox"/> \$55 Class SD		

* 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.)

Name of school	Location	Major	Credits Semester/Qtr	Certificate/Degree Year

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)

Tennessen 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: _____