STATE OF ILLINOIS
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER

EXAMINATION REQUEST FOR WASTEWATER OPERATOR CERTIFICATION

As specified under 35 Ill. Adm. Code 380.405, any person who wishes to take the wastewater operator examination must submit an examination request to the Illinois EPA. This form must be used when making such request. All examination requests must be submitted to the Illinois EPA at least **30 days** prior to the examination date. Examination requests must be complete before any decision regarding eligibility will be issued. If eligible to take the exam, a Letter of Admission (LOA) will be issued and must be brought to the testing center on the day of examination.

GENERAL (PRINT LEGIBLY OR TYPE)

MR. MS.	FIRST NAME	MIDDLE INITIAL	LAST NAME

HOME ADDRESS (STREET OR P.O. BOX)	CITY	STATE	ZIP

COUNTY	DATE OF BIRTH	E-MAIL ADDRESS

DAYTIME TELEPHONE NUMBER WITH AREA CODE	HOME TELEPHONE NUMBER WITH AREA CODE	OPERATOR ID (IF KNOWN)

EXAMINATION INFORMATION

SELECT LEVEL OF EXAMINATION SOUGHT (CIRCLE ONLY ONE): 4 3 2 1 K R CS

GENERAL QUESTIONS (CHECK APPLICABLE YES/NO BOX)	YES	NO
Can you read and write English?		
Do you have an ADA Title I disability for which you may need assistance during the exam? If yes, please enclose documentation that describes the specific accommodation requested.		

APPLICANT SIGNATURE

*****READ CAREFULLY BEFORE SIGNING*****

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

SIGNATURE:	DATE:

Please return this completed form to the Illinois Environmental Protection Agency.

Illinois Environmental Protection Agency
Operator Certification/BOW/CAS #19
1021 North Grand Ave East
P.O. Box 19276
Springfield IL, 62794-9276

*****INCOMPLETE EXAMINATION REQUESTS WILL BE DENIED*****