



APPLICATION: EXAMINATION FOR DRINKING WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER TREATMENT OR CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) WASTE MANAGEMENT SYSTEMS OPERATOR CERTIFICATE

INSTRUCTIONS TO APPLICANT

1. This completed original application must be postmarked at least **30 days** prior to the date of the exam to the following address:
Department of Natural Resources, Accounting Program, P.O. Box 176, Jefferson City, MO 65102-0176.
2. Please print in ink or type. You will be credited only with drinking water treatment, distribution, wastewater and CAFO related education and experience shown in this application. If more space is needed, attach additional sheets. **Be sure to list all water, wastewater and CAFO experience regardless of which certificate examination you are applying for.**
3. Complete a separate application for each examination that you are applying for.
4. A \$45 fee is required for an **initial** examination or a \$20 fee for a **reexamination** of the same type and level of certificate. Make check or money order payable to: Department of Natural Resources. Do not send cash. **Fees are nonrefundable.**
5. The applicant must sign and date the original application. **Incomplete applications will be returned.** Faxes and e-mails will NOT be accepted.
6. Make a copy of this application for your records.

GENERAL – PRINT IN INK OR TYPE

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
HOME ADDRESS (STREET OR P.O. BOX NO.)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (REQUIRED)*		COUNTY OF RESIDENCE	EMAIL ADDRESS	
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE	OPERATOR CERTIFICATE NUMBER (IF APPLICABLE)	

*Applicants are required by state and federal law (Section 454.403, RSMo, of the Child Support Enforcement Law and Section 317 of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law No. 104-193) to include your Social Security Number on this application. This allows the department to distinguish between persons who have the same or similar names. The department will not disclose any Social Security Numbers, consistent with Section 610.035. The department cannot allow applicants to take the exam or become certified without a valid Social Security Number.

HAVE YOU EVER HAD A CERTIFICATE SUSPENDED OR REVOKED IN ANY STATE? NO YES Which State(s)

EXAMINATION TYPE AND LEVEL

Select Examination Type And Level – Check Only One

Drinking Water Treatment (DW)	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Drinking Water Distribution (DS)	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	
Wastewater Treatment (WW)	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
CAFO Waste Management Systems	<input type="checkbox"/> B	<input type="checkbox"/> A		

I certify that I am at least 18 years of age.

EXAMINATION FEE

- This is my initial application to take an examination of this type and level and I am submitting \$45.
- I have previously taken this exam type and level but did not pass. I wish to retake the exam and I am submitting \$20.

EXAMINATION LOCATION – REGULARLY SCHEDULED SESSIONS AND LOCATIONS

Regularly scheduled examinations are generally given the first Tuesday of the month, except holidays. Please check only one box for the month and location you wish to examine in. Check the "Special Exam Session" box below and fill in the date and location blanks if the exam is not a regularly scheduled one.

<p>SPRINGFIELD</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> APR <input type="checkbox"/> JUL <input type="checkbox"/> OCT</p>	<p>MACON</p> <p><input type="checkbox"/> FEB <input type="checkbox"/> MAY <input type="checkbox"/> AUG <input type="checkbox"/> NOV</p>	<p>ST. LOUIS (KIRKWOOD)</p> <p><input type="checkbox"/> MAR <input type="checkbox"/> JUN <input type="checkbox"/> SEP <input type="checkbox"/> DEC</p>	<p>POPLAR BLUFF</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> APR <input type="checkbox"/> JUL <input type="checkbox"/> OCT</p>	<p>KANSAS CITY (LEE'S SUMMIT)</p> <p><input type="checkbox"/> FEB <input type="checkbox"/> MAY <input type="checkbox"/> AUG <input type="checkbox"/> NOV</p>	<p>JEFFERSON CITY</p> <p><input type="checkbox"/> JAN <input type="checkbox"/> JUL <input type="checkbox"/> FEB <input type="checkbox"/> AUG <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> APR <input type="checkbox"/> OCT <input type="checkbox"/> MAY <input type="checkbox"/> NOV <input type="checkbox"/> JUN <input type="checkbox"/> DEC</p>
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SPECIAL EXAM SESSION – FOR MULTI-DAY COURSE ATTENDEES ONLY

SPECIAL EXAM SESSION - DO NOT COMPLETE IF YOU HAVE MARKED A REGULAR SESSION ABOVE

DATE: LOCATION:

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? Yes No
If yes, please enclose documentation that describes the specific accommodations requested.

EDUCATION

None High School Diploma GED – Year Obtained _____

HIGH SCHOOL NAME	YEAR GRADUATED	CITY, STATE
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MULTI-DAY WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO COURSES AND HOME STUDY COURSES

COURSE TITLE	LOCATION	STARTING DATE	ENDING DATE	MO. COURSE APPROVAL NO.	HOURS

OTHER TRAINING (TRADE OR VOCATIONAL SCHOOL, MILITARY, ETC.)

SCHOOL NAME	LOCATION	STARTING DATE	ENDING DATE	SUBJECTS	HOURS

COLLEGE/UNIVERSITY (INCLUDE A COPY OF YOUR TRANSCRIPT) Check here if transcript previously submitted

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

METHOD OF PAYMENT

- CHECK OR MONEY ORDER ENCLOSED (NO CASH)
- COMPLETED VOUCHER FORM (DW VOUCHERS VALID ONLY FOR DW OR DS EXAMS - WW VOUCHERS VALID ONLY FOR WW EXAMS)
- CREDIT CARD OR eCHECK – Choose one of the following links to pay online.
 Confirm the link description matches the type of exam selected on page 1.
 Failure to provide confirmation number will result in an incomplete application which will be returned. This may require a new exam date to be selected.

DW or DS exam – <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/260/>
Confirmation Number _____

WW or CAFO exam – <https://magic.collectorsolutions.com/magic-ui/payments/mo-natural-resources/261/>
Confirmation Number _____

PAYMENT CONTACT NAME (IF DIFFERENT FROM APPLICANT)	DAYTIME PHONE NUMBER	ORGANIZATION NAME
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NOTE: Effective July 1, 2014, per Chapter 37, Section 37.007, of the Missouri Revised Statutes, electronic payments will include a transaction fee. The transaction fee is being paid to a third party vendor, not to the Missouri Department of Natural Resources.

**SIGNATURE IS REQUIRED ON PAGE 4 OF THE APPLICATION.
INCOMPLETE APPLICATIONS WILL BE RETURNED.**

DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

AMOUNT RECEIVED	CHECK/VOUCHER NUMBER	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER		
DATE ISSUED	RENEWAL DATE		
ISSUED BY	POSTMARK DATE		

EMPLOYMENT HISTORY MAKE COPIES AS NEEDED

Be sure to list all water, wastewater and CAFO experience regardless of which certificate examination you are applying for. Begin with your present employment and work backwards listing your experience. Complete a separate employment history section for each job. **Each time you changed employers or each time your duties significantly changed, complete a new employment history section.** If you held more than one position with the same employer with different duties or different levels of responsibility, list the positions separately as though they were for separate employers. If you need additional pages, make copies and attach them to the application. Indicate the number of employment history sheets you are attaching to the application in the signature block. Links to the Operator Certification Regulations can be found at www.dnr.mo.gov/env/wpp/opcert/optrain.htm. Example work duties are provided in the regulations.

I do NOT have any relevant employment history applicable to drinking water distribution, drinking water treatment, wastewater treatment, wastewater collections, or concentrated animal feeding operations.

APPLICANT NAME	LAST 4 OF SSN
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EMPLOYMENT HISTORY			
EMPLOYER'S NAME	AREAS OF RESPONSIBILITY		%
MO NPDES # AND/OR	MO PWSID #	DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
EMPLOYER'S ADDRESS		DRINKING WATER TREATMENT OPERATIONS (10 CSR 60-14)	
CITY, STATE, ZIP CODE		WASTEWATER TREATMENT OPERATIONS (10 CSR 20-9)	
START DATE: MO/DAY/YEAR	END DATE: MO/DAY/YEAR	COLLECTION SYSTEM OPERATIONS (EQUIVALENT WW/DS EXPERIENCE ONLY-NO IN-PLANT ACTUAL OPERATIONAL EXPERIENCE GIVEN) (10 CSR 60-14) (10 CSR 20-9)	
AVG HOURS PER WEEK	JOB POSITION/TITLE	CONCENTRATED ANIMAL FEEDING WASTE MANAGEMENT SYSTEMS OPERATIONS (10 CSR 20-14)	
WORK TELEPHONE WITH AREA CODE		OTHER (DESCRIBE: _____)	
SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		TOTAL (CANNOT EXCEED 100%)	

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SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		TOTAL (CANNOT EXCEED 100%)	

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SUPERVISOR'S NAME, TITLE, TELEPHONE WITH AREA CODE		TOTAL (CANNOT EXCEED 100%)		

APPLICANT SIGNATURE (REQUIRED)	
I hereby certify that this application and all attachments contain no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification of fact, this application will be rejected and my Missouri certification revoked. I also understand that previous applications will be checked for inconsistencies. I am attaching employment history sheets to this application.	
FIRST NAME / LAST NAME (PRINT)	LAST 4 OF SSN
SIGNATURE OF APPLICANT	DATE

APPLICATION CHECKLIST:

- SIGN AND DATE APPLICATION (PAGE 4)
- COMPLETE EMPLOYMENT HISTORY
- SECTION INCLUDE PAYMENT

INCOMPLETE APPLICATIONS WILL BE RETURNED

NOTE: TO ENSURE THIS APPLICATION IS MAILED ON TIME, IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF. ADMISSION LETTERS ARE MAILED TO EXAMINEES TWO WEEKS PRIOR TO THE EXAM DATE TO THE ADDRESS PROVIDED ON THIS APPLICATION.