



**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 477, Jefferson City, MO 65102-0477.**
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?  YES  NO

**EXAMINATION TYPE AND LEVEL**

Select Examination Type And Level – Check Only One

Drinking Water Treatment	<input type="checkbox"/> D	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> A
Drinking Water Distribution	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	
Wastewater Treatment	<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		

**DECLARATION OF AGE ELIGIBILITY**

- I certify that I am at least 16 years of age (for Wastewater Treatment application only).
- I certify that I am at least 18 years of age (for Drinking Water and CAFO applications only).

**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.

SPRINGFIELD	MACON	ST. LOUIS (KIRKWOOD)	POPLAR BLUFF	KANSAS CITY (LEE'S SUMMIT)	JEFFERSON CITY
<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> JAN
<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> FEB
<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> MAR
<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> APR
				<input type="checkbox"/> NOV	<input type="checkbox"/> MAY
					<input type="checkbox"/> JUN
					<input type="checkbox"/> JUL
					<input type="checkbox"/> AUG
					<input type="checkbox"/> SEP
					<input type="checkbox"/> OCT
					<input type="checkbox"/> NOV
					<input type="checkbox"/> DEC

**SPECIAL EXAM SESSION**

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**

High School Diploma                       GED                       None

HIGH SCHOOL NAME	YEAR COMPLETED	CITY, STATE
------------------	----------------	-------------

**MULTI-DAY WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO SHORT 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 (INCULDE A COPY OF YOUR TRANSCRIPT UNLESS PREVIOUSLY SUBMITTED)**

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

**METHOD OF PAYMENT**

<input type="checkbox"/> CHECK OR MONEY ORDER ENCLOSED (NO CASH)  <input type="checkbox"/> COMPLETED VOUCHER FORM WITH STICKERS AFFIXED (DW VOUCHERS VALID ONLY FOR DS OR DW EXAMS WW VOUCHERS VALID ONLY FOR WW EXAMS)	<input type="checkbox"/> BILL MY (CHECK ONE):  <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA  NOTE: Effective July 1, 2014, per Chapter 37, Section 37.007, of the Missouri Revised Statutes, if paying by electronic method, a transaction fee will be included. The transaction fee is being paid to a third party vendor, Collector Solutions, Inc., not to the Missouri Department of Natural Resources.
---	---

CARD NUMBER	EXPIRATION DATE
-------------	-----------------

PRINT NAME AS IT APPEARS ON CARD

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

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY	POSTMARK DATE	

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

## 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](http://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
----------------	---------------

### EMPLOYMENT HISTORY

EMPLOYER'S NAME	AREAS OF RESPONSIBILITY	%		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MO NPDES # AND/OR</td> <td style="width: 50%;">MO PWSID #</td> </tr> </table>	MO NPDES # AND/OR	MO PWSID #	DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
MO NPDES # AND/OR	MO PWSID #			
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	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (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 (CAN NOT EXCEED 100%)			

### EMPLOYMENT HISTORY

EMPLOYER'S NAME	AREAS OF RESPONSIBILITY	%		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MO NPDES # AND/OR</td> <td style="width: 50%;">MO PWSID #</td> </tr> </table>	MO NPDES # AND/OR	MO PWSID #	DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
MO NPDES # AND/OR	MO PWSID #			
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	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (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 (CAN NOT EXCEED 100%)			

### EMPLOYMENT HISTORY

EMPLOYER'S NAME	AREAS OF RESPONSIBILITY	%		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MO NPDES # AND/OR</td> <td style="width: 50%;">MO PWSID #</td> </tr> </table>	MO NPDES # AND/OR	MO PWSID #	DISTRIBUTION SYSTEM OPERATIONS (10 CSR 60-14)	
MO NPDES # AND/OR	MO PWSID #			
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	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (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 (CAN NOT EXCEED 100%)			

## EMPLOYMENT HISTORY

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	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (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 (CAN NOT EXCEED 100%)		

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	WASTEWATER COLLECTION SYSTEM OPERATIONS (EQUIVALENT WASTEWATER TREATMENT AND DISTRIBUTION SYSTEM OPERATION EXPERIENCE ONLY) (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 (CAN NOT 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. <b>I am attaching _____ employment history sheets to this application.</b>	
FIRST NAME / LAST NAME (PRINT)	LAST 4 OF SSN
SIGNATURE OF OPERATOR	DATE

**APPLICATION CHECKLIST:**

- SIGN AND DATE APPLICATION (PAGE 3)
- COMPLETE EMPLOYMENT HISTORY SECTION
- INCLUDE PAYMENT

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

<p><b>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.</b></p>
--