



Voluntary Collection System Certification Application New York Water Environment Association

525 Plum Street, Suite 102 • Syracuse, NY 13204
(315) 422-7811 • Fax: (315) 422-3851 • www.nywea.org

Voluntary Collection System Certification Application

General Instructions:

1. Make sure you meet all the requirements needed for certification (see Certification Fact Sheet).
2. Complete this application (must be typed or printed neatly in ink)
3. Attach copies of all supporting documentation:
 - High School or GED or College Diploma.
 - Training Completion Notice for each training course required (see Certification Fact Sheet)
4. Include Payment (check or money order made out to NYWEA):
 - The fee is \$47.00 for NYWEA members and \$85.00 for non-members.
 - Check here if you would like to apply your non-membership fee to a one year NYWEA membership.
5. Mail the completed form, supporting documents and payment to:
 - NYWEA, 525 Plum Street, Suite 102, Syracuse, NY 13204
 - Incomplete packets will be returned and faxed application packets will not be accepted.
6. **Check the box if you are applying for reciprocity** (you will need to attach a copy of your current certificate). You may not have to take an exam.
7. NYWEA works with volunteer proctors to arrange exam opportunities in the various geographic regions of New York State. Upon approval of your application, NYWEA will communicate exam logistics.

General Information

Name		Work Telephone Number ()		Home Telephone Number ()	
Address (Include Street and Number)					
City/Town		State	Zip Code	E-Mail Address:	
NYWEA Membership Number					
Circle Grade Being Sought 1 2 3 4		Are You Currently Certified as a Collections Systems Operator? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" Grade State Certification Number			

Education and Training

(* Attach Copy of Diploma) Name of School	Location	Graduated?		Dates Attended	Type of Degree	Major Subject
		Yes	No			
*High School						
*College						
Collection Wastewater Training						

Experience

Start Date	Date Left	Job Title	Employer
Employer's Address			

Job Duties			
		Population Served or Flow	
Percentage of time performing these duties: %		Total Years of experience	
Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief.			
Supervisor's Name (please print)		Title	Phone Number
Supervisor's Signature		Date	

Start Date	Date Left	Job Title	Employer
Employer's Address			
Job Duties			
		Population Served or Flow	
Percentage of time performing these duties: %		Total Years of experience	
Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief.			
Supervisor's Name (please print)		Title	Phone Number
Supervisor's Signature		Date	

Start Date	Date Left	Job Title	Employer
Employer's Address			
Job Duties			
		Population Served or Flow	
Percentage of time performing these duties: %		Total Years of experience	
Employer Verification: I certify that the information contained in this section is true to the best of my knowledge and belief.			
Supervisor's Name (please print)		Title	Phone Number
Supervisor's Signature		Date	

Attach additional sheets if needed

Applicant Signature

I affirm, under penalty of perjury, that the information I have entered on this application is true to the best of my knowledge and belief.			
Signature _____		Date _____	
NYWEA Office Use Only		Chapter Reviewer	Board Review
Date Received:	Exam Score:	Reviewer:	Reviewer:
Check Amount:	Cert. Number:	Accepted: YES NO	Accepted: YES NO
Check Number:		Date:	Date: