



**APPLICATION: FOR EXAMINATION FOR A WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER OPERATOR or CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) CERTIFICATE**

**INSTRUCTIONS TO APPLICANT**

1. Please print in ink or type. Give complete and detailed answers. 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 or a resume. Be sure and list all water, wastewater and CAFO experience regardless of which certificate examination you are applying for.
2. Complete a separate application for each certificate examination level and type that you are applying for.
3. A Forty Five dollar (\$45.00) fee is required for an **initial** examination or a twenty (\$20.00) fee for the **reexamination** for the same type and level of certificate. Payment should be made by check or money order payable to: Department of Natural Resources. (Cash will not be accepted).
4. The applicant must sign and date the original application and submit fee to the address listed below. Incomplete applications will be returned.
5. The completed original application must be returned at least **30 days prior** to date of exam to the following address: Missouri Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0176.

**GENERAL - PLEASE PRINT**

6. <input type="checkbox"/> MR. <input type="checkbox"/> MS.		7. FIRST NAME	8. MIDDLE INITIAL	9. LAST NAME	
10. HOME ADDRESS (STREET OR P.O. BOX NO.)			11. CITY	12. STATE	13. ZIP CODE
14. SOCIAL SECURITY NUMBER		15. HOME TELEPHONE NUMBER AREA CODE (     )		16. PRESENT CERTIFICATION NUMBER	

**EXAMINATION TYPE AND LEVEL**

17. SELECT EXAMINATION TYPE AND LEVEL - CIRCLE ONE ONLY

DRINKING WATER TREATMENT			
A	B	C	D

WASTEWATER TREATMENT			
A	B	C	D

DRINKING WATER DISTRIBUTION		
DS-III	DS-II	DS-I

CONCENTRATED ANIMAL FEEDING OPERATIONS	
A	B

**DECLARATION OF AGE ELIGIBILITY**

18.  I certify that I am at least sixteen (16) years of age (for Wastewater Treatment applicants only)
19.  I certify that I am at least eighteen (18) years of age (for Drinking Water and CAFO Applicants only)

**EXAMINATION FEE**

20.  This is my initial application to take an examination of this type and level and I am submitting \$45.00
21.  I have previously taken this exam type, level and submitted \$45.00, but did not pass. I wish to reexamine and I am submitting \$20.00.

**EXAMINATION LOCATION - REGULARLY SCHEDULED SESSIONS AND LOCATIONS**

22. Regularly scheduled examinations are generally given the first Tuesday of the month, except holidays. Please check only one (1) box for the month and location you wish to examine in. Check the "Special Session" box (24) below and fill in the date and location blanks if the exam is not a regularly scheduled one.

Springfield	<input type="checkbox"/> JAN.	<input type="checkbox"/> APR.	<input type="checkbox"/> JUL.	<input type="checkbox"/> OCT.		
Macon	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAY.	<input type="checkbox"/> AUG.	<input type="checkbox"/> NOV.		
St. Louis (Kirkwood)	<input type="checkbox"/> MAR.	<input type="checkbox"/> JUN.	<input type="checkbox"/> SEP.	<input type="checkbox"/> DEC.		
Poplar Bluff	<input type="checkbox"/> JAN.	<input type="checkbox"/> APR.	<input type="checkbox"/> JUL.	<input type="checkbox"/> OCT.		
Kansas City (Lee's Summit)	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAY.	<input type="checkbox"/> AUG.	<input type="checkbox"/> NOV.		
Jefferson City	<input type="checkbox"/> JAN.	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAR.	<input type="checkbox"/> APR.	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE
(OFFERED MONTHLY)	<input type="checkbox"/> JULY	<input type="checkbox"/> AUG.	<input type="checkbox"/> SEPT.	<input type="checkbox"/> OCT.	<input type="checkbox"/> NOV.	<input type="checkbox"/> DEC.

**SPECIAL SESSIONS AND ACCOMMODATIONS**

23.  SPECIAL SESSION - DO NOT COMPLETE IF YOU HAVE MARKED A SESSION IN NUMBER 22.  
DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_
24. DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS IN THE SCHEDULING OF EXAMINATION?  YES  NO  
IF YES, GIVE DETAILS HERE

FORM CONTINUES ON BACK

FORM CONTINUES ON BACK ®

**METHOD OF PAYMENT**

- CHECK OR MONEY ORDER ENCLOSED (NO CASH)
- BILL MY (CHECK ONE):
- MASTER CARD
- VISA

CARD NUMBER	EXPIRATION DATE
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SIGNATURE AS IT APPEARS ON CARD

**NOTE: TO ASSURE THIS APPLICATION IS MAILED ON TIME IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF.**

**EDUCATION: ATTACHED TRANSCRIPTS, CERTIFICATES OF COMPLETION OR OTHER PROOF OF ATTENDANCE**

25. COMPLETED HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		26. GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. HIGH SCHOOL NAME		28. YEAR GRADUATED	29. LOCATION

**30. 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

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

SCHOOL NAME	LOCATION	STARTING DATE	ENDING DATE	SUBJECTS	HOURS

**32. COLLEGE/UNIVERSITY**

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

**33.  HAVE ATTACH A COPY OF MY TRANSCRIPT OR CERTIFICATE OF COMPLETION FOR EACH SCHOOL**

**EMPLOYMENT HISTORY DUTIES**

34. DESCRIBE IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT, THE DUTIES AND RESPONSIBILITIES OF POSITIONS YOU HAVE HELD IN THE WATER, WASTEWATER AND CAFO FIELDS. BE SPECIFIC IN DESCRIBING DUTIES PERFORMED. ATTACH RESUME OR ADDITIONAL SHEET IF DESIRED.

EMPLOYER'S NAME		SHOW THE % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYERS ADDRESS			
CITY, STATE, ZIP CODE			
FROM: MO/DAY/YEAR	TO: MO/DAY/YEAR		
HOURS PER WEEK	TELEPHONE (    )		
JOB POSITION/TITLE	NO. OF EMPLOYEES YOU SUPERVISE		
YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

**EMPLOYMENT HISTORY DUTIES**

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YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

**OPERATOR PLEASE READ AND SIGN**

I hereby certify that this application contains 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 anytime disclose any such misrepresentation or falsification or fact, this application will be rejected and my Missouri certification revoked.

SIGNATURE OF OPERATOR	DATE
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**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		

**RECEIPTS AND REPORTING - EXAMINATION FEE (FOR DEPARTMENT USE ONLY)**

AMOUNT RECEIVED	RECEIVED BY	CHECK NUMBER	DATE RECEIVED
<b>CHECK THE APPROPRIATE ACCOUNT</b>			
<b>DRINKING WATER: (0679-780-3450-1149-O2-UFDW)</b>			
<b>WASTEWATER &amp; CAFO: (0568-780-3450-1100-UFTA)</b>			