



Voluntary Collection System Certification Application New York Water Environment Association

525 Plum Street, Suite 102 • Syracuse, NY 13204
(315) 422-7811 • (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. The certification examination will be given on the last Wednesday in April and September.
3. The application must be postmarked by February 21 for the April exam or July 21 for the September exam.
4. Complete this application (must be typed or printed neatly in ink)
5. 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)
6. Include Payment (check or money order made out to NYWEA):
 - The fee is \$45.00 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.
7. 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.
8. The exam notification letter (with time, location and directions) will be mailed to you about 20 days before the exam date.

Exam Preference: Note: if you are already certified and applying for reciprocity. You may not have to take an exam.

Check the box if you are applying for reciprocity (you will need to attach a copy of your current certificate).

Date (circle choice): Last Wednesday in April Last Wednesday in September

Note: Application must be postmarked by February 21 for the April exam or July 21 for the September exam.

Location – The exam will be given in each NYWEA Chapter. You will be assigned a site based on your mailing address. If you have a preference in where you want to take the exam, please check the location:

Long Island New York City Lower Hudson Albany Syracuse Rochester Buffalo

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: