

GUAM ENVIRONMENTAL PROTECTION AGENCY

AHENSIAN PRUTEKSION LINA' LA GUAHAN

P.O. Box 22439 GMF • BARRIGADA, GUAM 96921 • TEL. 475-1658/9 • FAX 477-9402

APPLICATION FOR WATER OR WASTEWATER OPERATORS CERTIFICATION EXAMINATION

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Social Security Number

Application for Operator Examination:

1. Type of Examination Desired:	Water Treatment Level:	Wastewater Treatment Level:
	Water Distribution Level:	Wastewater Collection Level:

2. GENERAL INFORMATION

NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street)

(City) (State) (Zip Code)
HOME PHONE #: _____ **WORK PHONE #:** _____ **FAX #:** _____

EMPLOYER ADDRESS: _____
(Street)

(City) (State) (Zip Code)

(Job Title Responsibility)

(Name of Supervisor)

3. EDUCATIONAL ATTAINMENT

Name of School	Highest Grade Completed circle	Attendance		Date of Graduation	Course or Degree
		From Yr.	To Yr.		
Grade School	1 2 3 4 5 6 7 8				
High School	9 10 11 12				
College	1 2 3 4 5 6				

4. WORK EXPERIENCE

List present or most recent employer first, listing all experience related to each position as a facility operator in full detail, including related military experience. If necessary, use additional paper and attached to back of this form.

DATES EMPLOYED (mm/dd/yy)	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:

Please describe in detail your daily duties as related to the exam for which you are applying. (BE SPECIFIC)

DATES EMPLOYED (mm/dd/yy)	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:

Please describe in detail your daily duties as related to the exam for which you are applying. (BE SPECIFIC)

DATES EMPLOYED (mm/dd/yy)	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:

Please describe in detail your daily duties as related to the exam for which you are applying. (BE SPECIFIC)

DATES EMPLOYED (mm/dd/yy)	NAME & ADDRESS OF EMPLOYER/FACILITY	SUPERVISOR NAME & PHONE #	YOUR POSITION TITLE:

Please describe in detail your daily duties as related to the exam for which you are applying. (BE SPECIFIC)

5. TRAINING CREDITS

List previous or approved training courses other than listed in Part 3.

District Association or Name of School	Location of School	Training Course	Date		Credit
			Start	Finish	

6. If you have or ever held certificate of competency, please furnished the following information:

Type of Certificate	Level Certified	Place of Issuance	Date Issued	Expiration Date
Water Distribution System				
Water Treatment Plant				
Wastewater Collection System				
Wastewater Treatment Plant				

SIGNATURE OF APPLICANT: I, the undersigned, certify that all statements made and information contained in this application are true and correct to the best of my knowledge and belief and are submitted for review by the Administrator or his representative for the purpose of issuance of a certificate of competency for the class of operator's certificate applied herein; that I understand that any omissions or misrepresentations may result in ineligibility for admission to any required examination applied for or revocation of any certificate granted. I further consent to a thorough investigation by the Administrator or his representative of my employment, education, and experience record and other activities pertaining to qualifications or verifications for the certificate for which I have applied.

Signature

Date

DO NOT WRITE IN THIS SPACE

Education _____ Application: _____
Years of Experience _____
Training Credits _____
Certificate Approved for _____
Previous Application Approved _____

APPROVED
DISAPPROVED
Examination Grade _____
Level _____
Expiration Date _____