STATE OF HAWAII BOARD OF CERTIFICATION OF PUBLIC WATER SYSTEM OPERATORS

WATER TREATMENT PLANT OPERATOR (WTPO) EXAM REGISTRATION FORM

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

_____

_____

_____

Email: _____

Phone: _____ Fax: _____

PWS ID: _____ Water System: _____

_____

Signature Date

Exam Information

Exam Date: ☐ 1/26/2016 ☐ 7/26/2016 Exam Grade Level: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Instructions

Exam Fee: $30 by Cashier's Check or Money Order payable to State of Hawaii. No personal checks accepted.

Due Date

- Certification Application ($20) & Exam Registration ($30) are due 3 months before the exam date
- Exam Registration ($30) only, for applicants already Board approved, is due 2 months before the exam date

Submit

- by Mail to: Board of Certification of Public Water System Operators
  Hawaii Department of Health
  Safe Drinking Water Branch
  919 Ala Moana Blvd., Room 308
  Honolulu, HI 96814-4920
- by Fax to: 808-586-4351 (Fee must be mailed)
- by Email to: sdwb@doh.hawaii.gov (Fee must be mailed)

WTPO Exam Registration