

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: 1/22/2019 7/23/2019 Exam Grade Level: 1 2 3 4

Instructions

**NEW
FEE**

Exam Fee: \$70 by Cashier's Check or Money Order payable to State of Hawaii. No personal checks accepted.

Due Date: 3 months before the exam date

Submit

- by Mail to: Department of Health/Safe Drinking Water Branch
Uluakupu Building 4
2385 Waimano Home Road, Suite 110
Pearl City, HI 96782-1400
- by Email to: sdwb@doh.hawaii.gov (Fee must be mailed)