



TRAINING SESSION REGISTRATION APPLICATION

STATEWIDE WASTEWATER OPERATOR TRAINING CENTER
DEPARTMENT OF HEALTH, STATE OF HAWAII
PHONE: (808) 586-4294 FAX: (808) 586-4300

NAME (Print) _____
Last First M.I.

MAILING ADDRESS _____
Street City Zip Code

TELEPHONE (BUSINESS) _____

EMPLOYER _____

POSITION TITLE _____ *CERTIFICATION GRADE _____

COURSE# & COURSE TITLE _____ ISLAND _____

DATE(S) OF COURSE _____

TUITION FEE \$ _____ (IF APPLICABLE)

*IF ATTENDING ABC CERTIFICATION EXAMINATION REFRESHER COURSE,
PLEASE **SPECIFY** WHICH CERTIFICATION GRADE EXAM YOU WILL BE SITTING FOR.

Please make check or money order payable to the "**Department of Health, State of Hawaii**".

INCOMPLETE FORMS WILL NOT BE PROCESSED!
APPLICATIONS and TUITION ARE DUE AT LEAST two (2) WEEKS PRIOR TO THE FIRST DAY OF CLASS.

Mail completed application to: Statewide Wastewater Operator Training Center State of Hawaii, Department of Health 919 Ala Moana Blvd. #309 Honolulu, HI 96814	OFFICIAL USE ONLY: Date Request Recd: _____ Date of Check: _____ Check #: _____ Amount Received: \$ _____
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I certify that I meet the prerequisites of the course.

APPLICANT'S SIGNATURE _____ Date _____

SUPERVISOR'S APPROVAL _____ Date _____

NOTES: STATE AND COUNTY WASTEWATER EMPLOYEES: Please submit applications to your supervisor for approval prior to submitting to the Statewide Wastewater Operator Training Center.

ALL OTHER NON-MUNICIPAL AND NON-WASTEWATER EMPLOYEES: Submit applications and tuition directly to the Statewide Wastewater Operator Training Center prior to class.