**State of Hawaii Wastewater Operator Certification Re-examination Application – August 17, 2017**

**Application must be postmarked no later than: June 16, 2017**

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| --- | --- |
| Mail to:  Board of Certification of Operating Personnel  In Wastewater Treatment Plants  Department of Health, State of Hawaii  919 Ala Moana Blvd, Rm 309  Honolulu, HI 96814 | **Office Use Only:**  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total CEUs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INSTRUCTION SHEET ON COMPLETING THIS APPLICATION IS ATTACHED. BE SURE TO REVIEW THE CHECKLIST BELOW OF ITEMS TO BE SUBMITTED BEFORE MAILING.**

**Section A: Contact Information** **[ ] Check here if your contact info has changed**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name M.I.

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Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Work Phone Fax Number

**Section B: Re-examination Grade**

1. Circle Grade(s) if requesting two examination levels. Grade Level must be indicated.1 2 3 4

2. Examination Format (Circle One) February Paper August Paper Computer-Based (Avail. On Oahu Only)

3. Testing Location: (Circle One) Oahu Big Island Maui Kauai

**\*Note: Computer-based testing only offered on Oahu, currently.**

**Section C: Signature**

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that knowingly making false statements may result in revocation of any certificate granted to me under the provisions of Hawaii Administrative Rules, 11-61-5(d)(1).

I also consent to allowing the Board to investigate and verify my employment record and other statements for the purpose of determining qualification for certification examination.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST – DID YOU REMEMBER TO INCLUDE?**

\*Current Address and Phone Number

\*Your Signature and Date

\*Examination Application Fee - $50.00 (CBT applicants exempt)

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**INSTRUCTION SHEET FOR CERTIFICATION RE-EXAMINATION**

**GENERAL INFORMATION**

The following information is provided to assist the applicant in completing the FORM 2 Application for Re-Examination for Certification form.

Please follow instructions and complete ALL sections. Incomplete applications will not be processed.

**WHO SHOULD USE THIS FORM**

If you have previously taken or qualified for the examination that you are applying for, use this form. If you have not taken or previously qualified to take the examination you are applying for, use the FORM 1 Application for Examination for Certification form.

**SECTION A: GENERAL INFORMATION**

This information must be completely filled out as information supplied in this section will be used to contact and mail correspondence to you.

**SECTION B: APPLICATION GRADE LEVEL**

The application must state which examination(s) is being applied for. Circle the appropriate box(es). No more than two examinations can be applied for at any one time.

The Board will verify all applications for RE-EXAMINATION. If the applicant has not taken or previously qualified for the examination being applied for, the Board will reject the FORM 2 Application for Re-Examination for Certification form.

**SECTION C: SIGNATURE**

You must sign and date the application. Unsigned/undated applications will not be returned and applicants will **not** qualify to take any examination.

Visit us on the web at:

<http://health.hawaii.gov/wastewater/home/boc/>

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