

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: _____

Mailing Address: _____

Email: _____

Phone: _____

PWS ID: _____ Water System: _____

Signature _____ Date _____

Exam Information

Approximate Exam Date: 1/23/2024 (registration due 10/23/2023) 4/23/2024 (registration due 1/23/2024)
 7/23/2024 (registration due 4/23/2024) 10/22/2024 (registration due 7/22/2024)

Exam Grade Level: 1 2 3 4

Instructions

Exam Fee: \$70 by cashier's check or money order payable to State of Hawaii. No personal checks accepted.

Due Date: Exam Registration (\$70) must be received by 3 months before 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 received by due date.)