

State of Hawaii Wastewater Operator Certification Paper Examination Application – August 21, 2025
Application must be postmarked no later than: June 6, 2025

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| Mail to: Board of Certification of Operating Personnel Waste Water Branch 2827 Waimano Home Rd #207 Pearl City, HI 96782 | Office Use Only: Date Received: _____ Amount Received: _____ Total CEUs: _____ Comments: _____ |
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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. |
| Mailing Address | | Operator License No. |
| City | State | Zip Code |
| Home Phone | | Work Phone |
| | | Fax Number |

Section B: Re-examination Grade

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|------------------------------------|----------------|--------------|----------------|-------|
| 1. Circle One Grade Level. | 1 | 2 | 3 | 4 |
| 2. Examination Format (Circle One) | February Paper | August Paper | Computer-Based | |
| 3. Testing Location: (Circle One) | Oahu | Big Island | Maui | Kauai |

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: _____

Section D: Fees

Examination Application Processing fee per Grade Level - \$25.00
 Examination Fee (Includes exam booklet and certificate) - \$50.00 (CBT applicants exempt)
 Make check payable to: **STATE OF HAWAII**

Computer Based Testing Exam Fee - \$100 (Please do not send payment to us)

CHECKLIST – DID YOU REMEMBER TO INCLUDE?

- *Current Address and Phone Number
- *Your Signature and Date
- *Examination Application Processing Fee - \$25
- *Examination Application Fee (Includes exam booklet and certificate) - \$50.00 (**CBT applicants exempt**)

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 One Grade Level. Another Form 2 is required to be filled out if you want to apply for another Grade Level exam. No more than two examinations can be applied for at any one time if taking a paper exam. More than two examinations can be applied for if taking the CBT.

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.

NOTE: If you are taking a Computer Based Testing, the fee for each exam is \$100. Please do not send payment to us.

Visit us on the web at:

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