



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Exam Application for Certification as a **CLASS K (INDUSTRIAL)** WASTEWATER TREATMENT WORKS OPERATOR

Class K Certificate Requested: (Check One)

- Specific Industrial Site** (A Class K certificate for a specific industrial site is only valid for the specific industrial wastewater treatment works or pretreatment works for which it has been issued.)
- Water Remediation Systems** (A Class K certificate for water remediation systems is valid for all industrial wastewater treatment works or pretreatment works designed to remediate contamination from gasoline, diesel fuel, kerosene, jet fuel, or heating oil.)

Requested Exam Date: First choice: _____ Second choice: _____

Requested Exam Location: First choice: _____ Second choice: _____

NOTE: You must complete pages 1 and 2 of the application. Applications received which do not have both pages completed will be returned to the applicant for completion and resubmittal.

Applicant Information

Last Name _____ Last 4 Digits of Social Security Number _____
 First Name _____ Middle Initial _____ Mr. Ms.
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone Number (with area code) _____
 Cell Phone Number (with area code) _____
 Work Phone Number (with area code) _____
 Fax Number (with area code) _____
 E-mail Address _____
 Date of Birth _____

Industrial Wastewater Works Information

If currently employed at more than one industrial wastewater works fill out additional information as needed.

Name of facility with wastewater treatment and/or pre-treatment works:

 Mailing Address _____
 City _____ State _____ Zip Code _____
 Physical Address _____
 City _____ State _____ Zip Code _____
 Phone (with area code) _____ NPDES permit # (if applicable) _____
 Name of person you report to: _____

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½, Section 1013. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

CERTIFICATION HISTORY

Complete the information below for all certifications in Illinois in any other programs (eg. public drinking water, wastewater, laboratory analyst, etc.) and/or all certifications received from any other certifying authority.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever obtained or attempted to obtain certification by fraud or deceit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever demonstrated gross negligence or gross misconduct in the operation and maintenance of a wastewater collection system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever falsified or willfully failed to maintain or willfully not submitted any records and reports required by any authorized regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a final judgment in a civil action or a conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been denied certification for any of the above reasons?
Please explain all "Yes" responses for Items 1 - 5. | <input type="checkbox"/> | <input type="checkbox"/> |

6. Do you presently hold any certifications? Yes No
 If yes, please provide the following information for all certifications presently held:

Certification Level	Date Certified	Issued By	Program Type	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)? If yes, please provide the following information for each sanctioned certificate: Yes No

Certification Level	Date Certified	Sanctioning Body	Sanction Date	Length of Sanction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate.

Applicant Signature
Date

Completed applications should be mailed to: Illinois Environmental Protection Agency
 Bureau of Water DWPC/CAS #19
 P.O. Box 19276
 Springfield, IL 62794-9276
 ATTN: Operator Certification Program
 Telephone: 217/782-9720