

2019 Maintenance Technologist Exam Application

Must be submitted with registration form on page 22-24.

Name (First, MI, Last): _____

Have you previously taken the Maintenance Technologist Exam? Yes - Date _____ No

Do you need assistance with testing? (Must provide documentation from a doctor.) Yes - Date _____ No

Demographic Information Federal Law requires us to ask for this information.

Year of Birth: _____

What is your race? White Black/African American

Sex: Male Female Prefer not to answer

American Indian or Alaska Native Asian or Pacific Islander

Are you of Hispanic, Latino or Spanish origin:

Hispanic Other race Prefer not to answer

Yes No Prefer not to answer

Required Education

High School Graduate: No Yes High School Equivalent/GED Graduation Year: _____

High School Name: _____ City & State: _____

Additional Related Education Attach additional sheets as necessary.

Actively Enrolled				College or Institution	Related Course Work	Degree Earned or Years Completed
From	/	To		Include City, State, & Zip Code		
M	YR	M	YR			

Experience 1800 hours equals 1 year of experience. Attach additional sheets as necessary

Actively Enrolled				Employer	Position and Duties	Hours Per Week of Related Work
From	/	To		Include City, State, & Zip Code Supervisor, & Phone Number	MUST be specific as related to maintenance	
M	YR	M	YR			

Substituting Education For Experience - **DIPLOMA NEEDED** If the answer is YES, you must attach copy of diploma and/or college transcript.

Are you applying for Class II or III **AND** substituting related education for experience. No Yes

License/Certification List all industry-related certifications. IF YOU CURRENTLY HOLD A PLANT MAINTENANCE CERTIFICATION, ATTACH A COPY OF YOUR CERTIFICATE

Agency (i.e. State)	Type (include class or grade)	Number	Year

Applicant's Statement of Certification

I certify that the information given is correct to the best of my knowledge. I have read the eligibility requirements and I believe that I am eligible for this level of certification.

Applicant's Signature: _____

Date: _____

Recommendation by Applicant's Supervisor

I have reviewed this application and verify that all statements are true and correct to the best of my knowledge. I also certify that the applicant has performed all the required activities and meets all the eligibility requirements for this certification. I therefore recommend this applicant be considered for the certification by the NC AWWA-WEA Board of Education and Examiners.

Supervisor's Name: _____

Job Title: _____ Phone Number: _____

Supervisor's Signature: _____

Date: _____