

2019 Voluntary Meter Certification Exam Application

Complete this form ONLY if you are applying to take the Meter Technician Exam.

Students are strongly encouraged to study using the available course materials BEFORE attending the school or taking the exam.

Must be submitted with registration form.

Name (First, MI, Last): _____

Have you previously taken the Meter Technician Exam? Yes - Date _____ No

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

Year of Birth: _____ Sex: Male Female Prefer not to answer

Are you of Hispanic, Latino or Spanish origin: Yes No Prefer not to answer

What is your race? White Black/African American American Indian or Alaska Native

Asian or Pacific Islander Hispanic Other race Prefer not to answer

Personal Information

Full Name: _____ Last 4 Digits of SS#: _____

Employer: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Work Experience Related to Water Meters

CURRENT EMPLOYER Job Title: _____ Dates (From/To): _____ / _____

Duties: Do you... Install Meters Read Meters Repair Meters Test Meters Change Meters Maintain Meters

Describe other duties: _____

PREVIOUS EMPLOYER Job Title: _____ Dates (From/To): _____ / _____

Company Name: _____ Phone: _____

Duties: Do you... Install Meters Read Meters Repair Meters Test Meters Change Meters Maintain Meters

Describe other duties: _____

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: _____

Supervisor's Signature: _____ Date: _____

Application Review - DO NOT WRITE IN THIS SECTION

STAFF USE - Received: _____ Sent for Approval: _____

Attending/Attended School Hold C-Meter Certification (exam only) Job Duties Experience

NC AWWA-WEA BOARD OF EDUCATION & EXAMINERS USE

Review Date: _____ Print Reviewer Name: _____

Approval Signature: _____

Denial Signature: _____ Reason for Denial: _____