

## Certified Operator/PE Pins Order Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City                      State                      Zip

Telephone #: (in case of questions) \_\_\_\_\_

**Type & Quantity of Pins:** (please indicate quantity on appropriate line)

**Collection:**    \_\_\_ A    \_\_\_ B            \_\_\_ C            \_\_\_ D

**Distribution:** \_\_\_ A    \_\_\_ B            \_\_\_ C            \_\_\_ D

**Wastewater:** \_\_\_ A    \_\_\_ B            \_\_\_ C            \_\_\_ D

**Water:**        \_\_\_ A    \_\_\_ B            \_\_\_ C            \_\_\_ D

**Biosolids:**        \_\_\_\_\_                      **PE:** \_\_\_\_\_

**Total number of pins:** \_\_\_\_\_ x \$5                      **Total \$ enclosed:** \_\_\_\_\_

(Shipping & handling included)

Make checks payable to **WEASC** or provide credit card info below:

Visa                       Master Card                      (We do not accept American Express, Discover, or debit cards)

*Please print legibly*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address:

Street    City                      St                      Zip

*I authorize WEASC to charge my credit card for registration fees as indicated.*

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Send form and payment to: WEASC  
Attn: Operator Pins  
121 Executive Center Dr, Ste 115  
Columbia, SC 29210**

(If paying by credit card, form may be faxed to: 803-358-0646)

Questions? Call 803-358-0658