

Effective July 1, 2018

(For Office Use Only)

WEASC

Date Received: _____

**Voluntary Certification Committee
121 Executive Center Drive, Ste 115
Columbia, SC 29210**

VCC00_____#

(803) 358-0658

Fax: (803) 358-0646

www.scwaters.org

**INITIAL APPLICATION FOR VOLUNTARY
WASTEWATER COLLECTION OPERATOR CERTIFICATION**

1. INSTRUCTIONS (please read thoroughly)

This *Initial Application* is required for individuals seeking their “D” Class I certification for the first time or if there has been a lapse in membership. Operators are also required to fill out an *Examination Request Form* for each exam. Please type or print in ink all answers and information requested.

All information requested on this application must be completed.

All statements made on this application by the applicant are subject to verification by the Committee and the applicant does hereby give permission for such confirmation. Incomplete or incorrect statements may be cause for return, disapproval, or suspension.

To be eligible for certification as a wastewater collection operator, an applicant must be employed as an operator of a wastewater collection system; as a contractor/contractor employee working in the industry; or as a consultant or technician working in the industry.

All levels must be obtained in the D, C, B and A sequence regardless of experience. All correspondence regarding your certification and certification renewals will be sent to your address on file. Applicants are responsible for changes of employment information if they desire to maintain certification. Please fill out the *Change of Address Form* for address corrections or changes.

2. GENERAL INFORMATION – all correspondence should be sent to: Work: ____ Home: ____

Name: _____
(First) (Middle) (Last)

Nickname for Nametags: _____ DOB: ____/____/____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____)____-____ Cell Phone: (____)____-____

Email: _____ No email available

Highest Level of Education (Grade): (circle one) 10 11 12 13 14 15 16 Masters PhD

3. EMPLOYMENT

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Job Title _____ Business Telephone: (____) _____ - _____

Hire date as operator (or associate) for current employer: ____/____/____ (month) (day) (year)

I am currently working in the Wastewater Collection System industry as a: (circle one)

Public / Private System Operator Contractor Consultant Vendor

Describe your job duties: _____

Other/former employers in this or any related field:

Employer and Length of Service:

4. APPLICATION

I, (print name) _____, hereby make an application for voluntary Certification as a wastewater collection system operator. I certify that all information on this application is correct and understand that supplying false information may be cause for return, rejection, or suspension.

Signature of Applicant: _____ Date ____/____/____

5. RECOMMENDATION

This section must be completed by the applicant's supervisor/manager.

I confirm that the information supplied by the applicant is complete and accurate to the best of my knowledge.

Signature of Supervisor/Manager _____ Date ____/____/____

Supervisor Name:(print) _____ Telephone: (____) _____ - _____

Supervisor's Email: _____

Payment

Please make checks payable to: **Water Environment Association of South Carolina.**

(Federal Tax ID: 57-0725845) Please mail or fax completed form and payment to:

**Voluntary Certification Committee
121 Executive Center Drive, Ste 115, Columbia, SC 29210**

This payment is for (name): _____
(First) (Middle) (Last)

Check Number: _____ **Amount \$ 50.00**

Visa MasterCard Discover American Express

Please print legibly:

Credit Card Number: _____ Expiration Date: _____ CVV Code: _____

Billing Address: _____
Street City St Zip

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

Signature _____ **Amount \$ 50.00**

Email for Receipt _____

The forms may be found at SCWATERS.org

Examination Eligibility Confirmation Letter will be emailed within 10
business days from:

PSI Customer Service schedule@goamp.com

PSI will give you a VCC number. PSI MUST first notify you that the exam is ready to schedule. You may schedule an examination appointment AFTER PSI notification by one of the following methods:

1.If using a credit card for payment, visit our website at <http://online.goamp.com> or call (800) 345-6559 to schedule an examination appointment.

OR

2.Mail your registration form (available online at <http://online.goamp.com>) to PSI with the examination fee (paid by cashier's check, money order or company check; no personal checks accepted). Then, call Candidate Services at (800) 345-6559 or go online at <http://online.goamp.com> at least 7-10 business days after mailing your registration form to schedule an examination appointment.

If you have questions about scheduling, please contact Candidate Services at (800) 345-6559.