

<b>Mail to:</b>	Commonwealth of Kentucky Department for Environmental Protection	<i>For Official Use Only Do not write in this space</i>
Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Sower Blvd. Frankfort, KY 40601	<b>Registration Form For Exams and Training</b>  <i>Drinking Water Treatment, Distribution, Bottled Water, Wastewater Treatment and Collection System</i>	
	Telephone: 502-782-6189 eec.ky.gov/Environmental-Protection/Compliance- Assistance/operator-certification-program	Amount Paid: _____ Check Number: _____

**If this is your first time testing at a specific level, you must complete this form as well as the  
Education and Experience Documentation Form.**

APPLICANT INFORMATION			
Agency Interest Number (As shown on wallet card)		Certification Level and License Number	
Name (First)	(Middle Initial)	(Last)	
Address (Number and Street)	City	State	Zip Code
E-Mail address	Home Phone Number ( )	Business Phone Number ( )	

CERTIFICATION REQUESTED					
Surface Water Treatment	Ground Water Treatment	Water Distribution	Bottled Water	Wastewater Treatment	Collection System
<input type="checkbox"/> I-AD	<input type="checkbox"/> I-BD	<input type="checkbox"/> I-D	<input type="checkbox"/> BW	<input type="checkbox"/> I	<input type="checkbox"/> I
<input type="checkbox"/> II-A	<input type="checkbox"/> II-BD	<input type="checkbox"/> II-D	<input type="checkbox"/> BW OIT	<input type="checkbox"/> II	<input type="checkbox"/> II
<input type="checkbox"/> III-A	<input type="checkbox"/> III-B	<input type="checkbox"/> III-D		<input type="checkbox"/> III	<input type="checkbox"/> III
<input type="checkbox"/> IV-A	<input type="checkbox"/> IV-B	<input type="checkbox"/> IV-D		<input type="checkbox"/> IV	<input type="checkbox"/> IV
<input type="checkbox"/> Limited				<input type="checkbox"/> Limited	<input type="checkbox"/> OIT

 First test at this level Retest:Do you need study material?  Yes  No

Date of last test: \_\_\_\_\_

CLASS AND/OR EXAM REQUEST				
Provide event information from the current schedule. (First and alternative choices should be listed).				
Event Code	Date	Event Title (Exam and/or Training Course)	Location	Fee
1 <sup>st</sup>				
2 <sup>nd</sup>				

Registration applications must be submitted with a check or money order made payable to the Kentucky State Treasurer. Applications submitted without payment will not be processed. Registration for training and testing events must be received at least 30 days in advance. Fees are non-refundable. If an operator cancels registration at least two (2) business days prior to the beginning of the training event the operator shall have one (1) calendar year within which to reschedule attendance at another training event without being required to submit an additional fee.

Registration fees are as follows:	
Two-day continuing education only	\$60.00
Three-day continuing education or certification preparatory training without exam	\$90.00
Exam Only	\$250.00
Two-day certification preparatory training with exam (Bottled Water only)	\$310.00
Three-day certification preparatory training with exam	\$340.00

The Kentucky Energy and Environment Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion or disability and provides, on request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternative format, contact the Division of Compliance Assistance at the address listed above or by calling 502-782-6189.

