



**APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR
CERTIFICATION EXAMINATION - SHORT FORM for APPRENTICESHIP ONLY**

State Form 53583 (R4 / 2-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Pursuant to 327 IAC 5-22

NOTE: A \$30.00 APPLICATION FEE MUST BE SUBMITTED FOR EACH EXAM. APPLICATIONS MUST BE SIGNED BY THE INDIVIDUAL. FAILURE TO FILE A PROPERLY COMPLETED APPLICATION MAY RESULT IN THE APPLICATION BEING DENIED. (APPLICATION FEE IS NONREFUNDABLE.)

FOR OFFICE USE

Classification

Status

Remarks:

This is an application for Wastewater Apprentice **only**. You may apply for one Industrial and one Municipal exam. You must submit an application fee for each. Please check the exam(s) desired:

Industrial: ☐ A-SO ☐ A ☐ B ☐ C ☐ D
Municipal: ☐ I-SP ☐ I ☐ II ☐ III ☐ IV

Participating Ivy Tech locations offer exams any standard business day. They charge an additional **\$40 fee payable to Ivy Tech** for administering the test. This is a computerized test only.

I. GENERAL INFORMATION (Please type or print legibly.)

A. Name of applicant (*last, first, middle*)

☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐ Dr.

B. Mailing Address (*number and street*)

City	State	ZIP code	County
Office telephone number ()		Home telephone number ()	
Fax number ()		E-mail address	
C. Date of birth (<i>month/day/year</i>)		D. Have you ever applied for wastewater certification in Indiana before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are you presently a certified operator in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certification Number	Expiration Date (<i>month/day/year</i>)

II. SIGNATURE OF APPLICANT

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this application are true, accurate, and complete. I consent to IDEM's verification of qualifications listed in this application and understand that any omissions or misrepresentations may result in ineligibility for the certification examination or the reversal or modification of decisions made regarding this application.

Signature of applicant	Date (<i>month/day/year</i>)
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The completed application along with all required fees should be mailed to:

Accounts Receivable
Indiana Department of Environmental Management
100 N. Senate Ave., Room 1340
Indianapolis, IN 46204-2251

**Please make all checks payable to the Indiana Department of Environmental Management.
DO NOT SEND CASH.**