



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

State Form 53583 (R5 / 6-24)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Pursuant to 327 IAC 5-23

|                       |
|-----------------------|
| <b>FOR OFFICE USE</b> |
| Classification        |
| Status                |
| Remarks:              |

**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.)**

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 most standard business days. Ivy Tech will charge an additional fee 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<br>( )  |       | Home telephone or cell number<br>( )   |                                  |
| E-mail address  |       |  |                                  |
| C. Date of birth (month/day/year)   |       | D. Have you ever applied for wastewater certification in Indiana before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| E. Are you presently a certified operator in Indiana?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       | Certification Number   | Expiration Date (month/day/year) |

**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, 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 (month/day/year) |
|------------------------|-----------------------|

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.**