



Kansas Department of Health and Environment

Operator Examination Retake Form

Select one: Drinking Water Wastewater

Office Use Only – Do Not Write in This Space	
I.D.#:	Verified:
Previous Score:	Notes:
New Score: Certificate #:	

This form is for applicants who have previously been approved for and taken the requested examination. This form must be received by the department no later than 14 days prior to the specified exam date. \$25 fee must accompany this form.

Location of Examination: _____ Date of Examination: _____

Certification Class Requested: SS I II III IV

Applicant Contact Information

Operator ID: _____

Prefix: _____ Last Name: _____ First Name: _____

Phone: _____ Email: _____

Preferred Contact Method: Phone Email

Supervisor Contact Information

Printed Name: _____

Title: _____

Phone: _____ Email: _____

Preferred Contact Method: Phone Email

Unless you are the owner of the system or facility, the supervisor portion of this form and supervisor signature must be complete for consideration to take an exam. This individual is not required to be a direct supervisor, but must be in a position within the organization to credibly verify the status of employment and engagement in the operation and/or maintenance of the public water supply system. Follow-up may be performed as needed.

Statement

I, _____, am presently employed by or under contract with the public water supply system or wastewater treatment facility known to KDHE as _____ and am engaged in the regular operation and/or maintenance of that system.

The above statement and all other information on this application is true and correct to the best of my knowledge. I understand that providing false information will lead to forfeiture of the application fee and disqualification of the applicant to take an exam for two years.

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Payment

Card Number (Amex not accepted): _____

Expiration Date (MM/YY): ____ / ____

Name as it appears on the card: _____

Email address for receipt:

Applicant Supervisor Other: _____

Checks payable to: KDHE

Send completed application and payment to:

Clinton Schuckman
KDHE – Bureau of Water
1000 SW Jackson St, Suite 420
Topeka, KS 66612-1367