



Kansas Department of Health and Environment

Operator Examination Application

Select one: ☐ Drinking Water ☐ Wastewater

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

Location of Examination: _____ Date of Examination: _____

Certification Class Requested: SS ☐ I ☐ II ☐ III ☐ IV ☐

Applicant Contact Information

Operator ID (if applicable): _____

Prefix: _____ Last Name: _____ First Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Method: Phone ☐ Email ☐

Supervisor Contact Information

Printed Name: _____

Title: _____

Phone: _____ Email: _____

Preferred Contact Method: Phone ☐ Email ☐

Payment

Card Number (Amex not accepted): _____

Expiration Date (MM/YY): _____ / _____

Name as it appears on the card: _____

Email address for receipt: _____

Applicant ☐ Supervisor ☐ Other: _____

Current Employment

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 or facility.

Start Date: _____ Hours per week: _____

Duties: _____

Supervisor's Signature: _____ Date: _____

Previous Experience

Name of system or facility: _____

Start Date: _____ End Date: _____ Hours per week: _____

Duties: _____

Previous Employer Contact: _____ Phone: _____

Have you attached documentation verifying your education? Yes ☐ No ☐

All of the 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: _____

Acknowledgment

I, the undersigned, hereby acknowledge that I am an applicant for Certification as an Operator of a Water Supply System and/or Wastewater Treatment Facility ("Applicant") from the Kansas Department of Health and Environment ("KDHE") pursuant to K.S.A. 65-4501 through 4517, and applicable rules and regulations ("Act"). To be certified, I must pass the appropriate written examination.

I acknowledge that committing any of the following acts on a written examination shall be deemed misconduct:

1. Utilizing text materials, notes, computer-stored materials, or other unauthorized materials while taking an examination; or
2. without express authorization from examination officials, undertaking any of the following:
 - a. removing or attempting to remove examination materials furnished by the KDHE from the examination room;
 - b. aiding another applicant, or accepting aid from another applicant in answering examination questions during a written examination; or
 - c. making or attempting to make a manual or electronic copy of the written examination.

I further acknowledge that I will be subject to both of the following penalties for misconduct on a written examination pursuant to K.A.R. 28-16-32(g):

1. Denial of the certification for which I am an Applicant; and
2. Becoming ineligible to reapply for certification in any operator classification for a period of one year from the date on which the determination of misconduct becomes final.

I acknowledge and agree that I am aware of what acts constitute misconduct on a written exam, and the penalties for committing misconduct on a written exam.

ACKNOWLEDGED:

Name: _____

Signature: _____

Date: _____

Instructions

Overview

This form is for applicants who have not previously been approved for and taken the requested examination. If you are applying to take an examination at the same level you've taken previously, you may submit an Operator Examination Retake Form rather than completing the full application. 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 unless other arrangements have been made.

Employment Verification

The individual whose information is used for the Supervisor Contact Information section should be the same individual who signs off on the Current Employment section. Unless you are the owner of the public water supply system or wastewater treatment facility, the supervisor portion of this form and supervisor signature must be completed 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.

Current employment and experience must correspond to the type of exam you're applying for (water or wastewater). Duties must be included and should be relevant to the exam type.

Education

If you have not previously taken an operator examination, you must include a copy of your high school diploma, high school transcript with graduation date, or GED credential to be considered for an examination.

If you intend to use college credits for extra points toward taking a Class II or higher examination at a level you have not been previously approved to take, you must include your college transcripts or degree.

Training

If you intend to use department-approved operator training or correspondence courses for extra points toward taking an examination and they are not recorded in the operator database, you must include documentation verifying the completion of those courses.

Previous Experience

This section is only necessary if your current employment does not fulfill the experience requirement for the classification of exam you're applying for. Only experience in a public water supply system or wastewater treatment facility will be considered.

Acknowledgement

The acknowledgement page must be completed and included with each submittal of this form to be considered for an examination.