MWEA – LABORATORY PRACTICES COMMITTEE
VOLUNTARY WASTEWATER ANALYST CERTIFICATION
APPLICATION FOR EXAMINATION
(Please print clearly.)

Applicant: __________________________________________________________
Exam date and location: ______________________________________________
Company: __________________________________________________________
Address: ____________________________________________________________
City/Town: ______________________ State: _______ Zip: ________________
Telephone: (____) - ___________ FAX: (____) - ___________
Supervisor: __________________________________ Telephone: (____) - ________

Certification sought: (Circle one.) D C B
Education: (Circle highest completed) High school: 9 10 11 12
College: 1 2 3 4
Degree or Certificate Awarded: _______________________________________
School or Institution Attended: _______________________________________

Experience:

Employer: ______________________ City/State: _______________________
Position: ______________________ Years: ______________________
Duties: ___________________________________________________________

Employer: ______________________ City/State: _______________________
Position: ______________________ Years: ______________________
Duties: ___________________________________________________________

By signing this form, I verify that all information herein is true and indicate my
agreement to abide by testing procedures and rules or decisions of the MLPC and MWEA
regarding certification under this program; and hereby waive any claim I may have
against the MLPC or MWEA for alleged negligence or misconduct in its
operation/administration of this program.

Accommodations may be provided for disabled or handicapped persons. Requests
must be submitted in writing with this application.

This form must be postmarked 30 days prior to the examination date, March 25,
2018, accompanied by a non-refundable $25.00 application fee.

(____) Check here if you object to your name being released as a Certificate
holder.

Signature: ______________________ Date: ______________________

Make checks payable to MWEA and mail with application fee to:
c/o Natalie L. La Fata;
P.O. Box 183 Catawissa, MO 63015