

WATER DISTRIBUTION OPERATOR

APPLICATION FOR EXAMINATION OR RE-EXAMINATION

Operator number	Exam results	Date received
Application approved for: D1 D2 D3 D4 D5	Application number is ZA plus first four letters of last name and last four digits of social security number. For example ZABROW6789.	
Acknowledgement sent		Approval sent
Application NOT approved:		
<input type="checkbox"/> Insufficient specialized training/verification		
<input type="checkbox"/> High school/GED information incomplete		
Comments		

PLEASE DO NOT WRITE ABOVE THIS LINE

Please type or print legibly in ink.

1. PERSONAL INFORMATION

Full Legal Name (last, first, middle initial, suffix) BROWN, JOE		Date of Birth 01/01/1978	Social Security Number 123-45-6789	
Mailing Address (number, street) 123 ANY STREET		City ANY TOWN	State CA	ZIP Code 91234
Work Telephone Number (123) 123-4567 ext.	Alternate Number: Home <input type="checkbox"/> or Cell <input type="checkbox"/> ()	E-mail Address: JOHN.BROWN@EMAIL.COM		
Are you currently certified by the State of California as a water distribution operator ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Operator Number 12345	Grade / Expiration Date T-3/12-31/2015	

2. EXAMINATION INFORMATION (Do Not send CASH)

Grade D1	Grade D2	Grade D3	Grade D4	Grade D5
<input type="checkbox"/> Exam \$50	<input type="checkbox"/> Exam \$65	<input type="checkbox"/> Exam \$100	<input type="checkbox"/> Exam \$130	<input type="checkbox"/> Exam \$155
<input type="checkbox"/> Re-Exam \$30 <small>(if previously failed)</small>	<input type="checkbox"/> Re-Exam \$45 <small>(if previously failed)</small>	<input type="checkbox"/> Re-Exam \$70 <small>(if previously failed)</small>	<input checked="" type="checkbox"/> Re-Exam \$95 <small>(if previously failed)</small>	<input type="checkbox"/> Re-Exam \$120 <small>(if previously failed)</small>

3. EXAM SITE (see cover page for a list of exam sites): SACRAMENTO

Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? Yes No
-If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.

Please indicate if your religious beliefs prevent you from taking an exam on Saturday. Yes No
-If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.

4. EDUCATION

Did you graduate from high school? Yes No **IF NOT** Did you obtain a GED certificate? Yes No

Date (month/year)	Name of high school	Location (city/state)
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D1 or D2 applicants ONLY, if you do NOT have a high school diploma or GED certificate, you must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, or pumps. ***This experience must be verified with a signed letter from your supervisor on company letterhead and a copy of your utility's official job description.***

From (mm/yy)	To (mm/yy)	Name and Address of Employer	Supervisor's Name
			Supervisor's Telephone Number BR