

As specified under 35 III. Adm. Code 681.310, any person who wishes to take the water supply operator examination must submit an examination request to the Illinois EPA. This form must be used when making such request. All examination requests must be submitted to the Illinois EPA at least <u>30 days</u> prior to the examination date. This examination request must be accompanied by the non-refundable <u>exam fee of \$10</u>. Examination requests must be complete before any decision regarding eligibility will be issued. If eligible to take the exam, a Letter of Admission (LOA) will be issued and must be brought to the testing center on the day of examination.

GENERAL (PRINT LEGIBLY OR TYPE)								
MR. MS.	FIRST NAME		MIDDLE INITIAL	LAST NAME				
HOME ADDRESS (STREET OR P.O. BOX)		CITY STATE ZIP			ZIP			
COUNTY		DATE OF BIRTH E-MAIL ADI			E-MAIL ADDR	RESS		
DAYTIME TELEPHONE NUMBER WITH AREA CODE		HOME TELEPHONE NUMBER WITH AREA CODE			OPERATOR ID (IF KNOWN)			
EXAMINATION INFORMATION								
SELECT LEVEL OF EXAMINATION SOUGHT (CIRCLE ONLY ONE): A B C						D		
GENERAL QUESTIONS (CHECK APPLICABLE YES/NO BOX)							YES	NO
Have you ever had typhoid fever or lived with an individual who has had typhoid fever?								
Have you ever had amoebic dysentery or lived with an individual who has had amoebic dysentery?								
Can you read and write English?								
Do you have an ADA Title I disability for which you may need assistance during the exam? If yes, please enclose documentation that describes the specific accommodation requested.						hat		
APPLICANT SIGNATURE								
READ CAREFULLY BEFORE SIGNING								
I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))								
SIGNATURE:				DATE:	DATE:			
Please return this completed form and exam payment in the form of a check or money order made payable to the Illinois Environmental Protection Agency.								

Illinois Environmental Protection Agency
Operator Certification/BOW/CAS #19
1021 North Grand Ave East
P.O. Box 19276

Springfield IL, 62794-9276

INCOMPLETE EXAMINATION REQUESTS WILL BE DENIED

EXAMINATION REQUESTS WITHOUT THE \$10 FEE WILL BE DENIED