



## **NCPC Pretreatment Certification Pretreatment Certification Application 2017**

**DEADLINE: Application, Fees and Documentation Must be Postmarked No Later Than Friday March 31, 2017.**

**Please read the PRETREATMENT CERTIFICATION INFORMATION AND ELIGIBILITY REQUIREMENTS included with this application carefully before completing the application.**

**Fee: Course & Exam \$275 (The Exam will be administered on Friday, May 5, 2017)**

**Fees are not refundable unless space in the class is unavailable and we have a waiting list. Substitutions are accepted as long as the person substituting meets the qualification requirements of the Grade Level.**

**All courses have a maximum of 20 students. Class slots are on a first come, first served basis. Your application is not complete until a fully completed application along with payment is received. Applications received above 20 will be added to a waiting list in the order they were received. If a cancellation occurs the first person on the waiting list will be contacted. If they cannot attend the next person will be contacted and so on.**

**All courses require a minimum of 10 students in order to be held. If the class is canceled due to a lack of sufficient registration, course registration fees will be refunded.**

**Please print legibly or type all information (be sure to sign and have your supervisor sign the application)**

**Application for (please check one): Grade I      Grade II      Grade III**

Name of Applicant: (As you wish it to appear on your certificate)

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Preferred First Name: (As you wish it to appear on your name tag)

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If you wish to obtain CEU's for attendance, please list your NC Wastewater Certification # \_\_\_\_\_ or provide a copy of your certificate or renewal card.

Employer:

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Job Title:

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Employer's Mailing Address:

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City, State, Zip Code:

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Business Phone Number:

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E-Mail Address:

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Actual Experience:

**(PROVIDE DOCUMENTATION OF ACTUAL HOURS OF EXPERIENCE)**

Check if Resume is attached. Resume may be substituted for the employment section if specific duties are listed.

Dates employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

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Dates employed: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates employed: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates employed: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION VERIFICATION: (to be completed by the Applicant)  
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY LEAD TO THE REVOCATION OF ANY AND ALL CERTIFICATES ISSUED TO ME BY THE NCPC PRETREATMENT PROGRAM CERTIFICATION BOARD.

I ALSO HEREBY STATE THAT I UNDERSTAND THAT THIS IS A VOLUNTARY CERTIFICATION AND THAT I WILL NOT CONTEST ANY FINAL DECISION MADE BY THE NORTH CAROLINA PRETREATMENT CONSORTIUM.

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**SUPERVISOR VERIFICATION:**  
I have reviewed the completed application, find it in order, & recommend that the applicant be considered for certification by the board.

Supervisor's Name (print):

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Supervisor's Signature:

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Title:

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Date:

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**Mail completed application and payment to:**

**Bill Gintert  
North Carolina Pretreatment Consortium  
Pretreatment Certification  
Charlotte Water  
4222 Westmont Dr.  
Charlotte, NC. 28217**

You may also scan (PDF format) the completed application along with the payment receipt and email it to [bgintert@charlottenc.gov](mailto:bgintert@charlottenc.gov)