



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)

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

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:

Job Title:

Employer's Mailing Address:

City, State, Zip Code:

Business Phone Number:

E-Mail Address:

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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Employer: _____
Specific Duties: _____

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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):

Supervisor's Signature:

Title:

Date:

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