



NCPC Pretreatment Certification Pretreatment Certification Application 2012

DEADLINE: Application, Fees and Documentation Must be Postmarked No Later Than Monday, March 19, 2012.

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, April 27, 2012)

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 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

Application for (please circle): 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: _____

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 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.

Supervisors Name (print):

Supervisors Signature:

Title:

Date:

Mail completed application and payment to:

**North Carolina Pretreatment Consortium
Pretreatment Certification
P.O. Box 40117
Raleigh, NC 27629-0117**