



NOTICE: You are required to complete and submit this form at least 28 days prior to a scheduled examination in order to take the examination, per NR114, Wis Adm. Code. Personally identifiable information will be used for program administration and made accessible to requestors under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

1) Print clearly or type information in this section. If it is already filled out, please make any corrections as needed.

First Name:	MI:	Last Name:	Mailing Address:		
Work Phone:	Email:		City:	State:	Zip:
Cell / Home Phone:	Facility / Company Name (if any):			DNR Facility ID:	Employment Start Date:

2) Mark "X" for the city site / time that works best. Exam sessions are 3 hours long.

<input type="checkbox"/> Eau Claire	05/06/15 9 am	<input type="checkbox"/> Eau Claire	05/06/15 1 pm
<input type="checkbox"/> Green Bay	05/06/15 9 am	<input type="checkbox"/> Green Bay	05/06/15 1 pm
<input type="checkbox"/> Madison	05/06/15 9 am	<input type="checkbox"/> Madison	05/06/15 1 pm
<input type="checkbox"/> Plover	05/06/15 9 am	<input type="checkbox"/> Plover	05/06/15 1 pm
<input type="checkbox"/> Rhinelander	05/06/15 9 am	<input type="checkbox"/> Rhinelander	05/06/15 1 pm
<input type="checkbox"/> Rice Lake	05/06/15 9 am	<input type="checkbox"/> Rice Lake	05/06/15 1 pm
<input type="checkbox"/> West Allis	05/06/15 9 am	<input type="checkbox"/> West Allis	05/06/15 1 pm

3) Mark "X" next to the exam(s) you wish to take. [Maximum of 4 exams per 3 hour session]

<input type="checkbox"/> General Intro	\$25	<input type="checkbox"/> General Advanced	\$25
<input type="checkbox"/> Preliminary & Primary Treatment Intro	\$25	<input type="checkbox"/> Preliminary & Primary Treatment Advanced	\$25
<input type="checkbox"/> Trickling Filter/RBC Intro	\$25	<input type="checkbox"/> Trickling Filter/RBC Advanced	\$25
<input type="checkbox"/> Activated Sludge Intro	\$25	<input type="checkbox"/> Activated Sludge Advanced	\$25
<input type="checkbox"/> Ponds/Aerated Lagoons Intro	\$25	<input type="checkbox"/> Ponds/Aerated Lagoons Advanced	\$25
<input type="checkbox"/> Disinfection Intro	\$25	<input type="checkbox"/> Disinfection Advanced	\$25
<input type="checkbox"/> Anaerobic Digestion Intro	\$25	<input type="checkbox"/> Anaerobic Digestion Advanced	\$25
<input type="checkbox"/> Mechanical Sludge Intro	\$25	<input type="checkbox"/> Mechanical Sludge Advanced	\$25
<input type="checkbox"/> Filtration Intro	\$25	<input type="checkbox"/> Filtration Advanced	\$25
<input type="checkbox"/> Phosphorus Removal Intro	\$25	<input type="checkbox"/> Phosphorus Removal Advanced	\$25
<input type="checkbox"/> Laboratory Intro	\$25	<input type="checkbox"/> Laboratory Advanced	\$25
<input type="checkbox"/> Special K	\$25	<input type="checkbox"/> Electroplating/Metal Finishing	\$25

4) Add up the Exam Fee for the exam(s) you wish to take and include a check for the total amount along with this completed application.

**Total Amount Due:**

5) Mail completed application with correct payment to:

**Make check payable to: DNR**  
**Must be postmarked by 04/08/15**

**DEPARTMENT OF NATURAL RESOURCES**  
**OPERATOR CERTIFICATION - SS/7**  
**PO BOX 7921**  
**MADISON, WI 53707-7921**

You will receive a confirmation letter with exact location of exam site after your registration is processed. Study guides are available on the internet at <http://dnr.wi.gov> by searching keywords "Operator Certification".



**Notice:** Individuals are required to provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to be used as specified below.

- 1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:**
  - Under § 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
  - Under § 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
- 2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:**
  - Under §§ 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
  - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

**Purpose:** The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

**For copies of the State Statutes, contact the Legislative Reference Bureau.**

- Visit their internet site at <http://legis.wi.gov/lrb> or
- If you do not have internet access, call (608) 266-0341.

**Instructions**

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any personal license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

**NOTE:** If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

**Applicant Information**

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business N/A
Address		City	State	ZIP Code

**Certification**

I certify that information provided on the form is true and correct.

Applicant Signature	Date Signed
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**Leave Blank – DNR Use Only**

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
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