PWEA Registration Payment Form
Water/Wastewater ONLINE Operator Certification Exam
22 Seat Limit
(Check the PWEA website to see if exam is sold out.)
Registration Deadline: Friday, August 8, 2014

Exam Date:	**Thursday, October 9, 2014**
Exam Site:	**DEP Southwest Regional Office – 400 Waterfront Dr – Pittsburgh, PA**
8:00AM – 8:45AM	**Exam Registration** (PLEASE BE PROMPT)
9:00AM – 1:00PM	**Exam Session**
	(NO ONE WILL BE ADMITTED INTO THE EXAM ROOM AFTER 8:45AM; LUNCH IS NOT PROVIDED)

Complete the *DEP Operator Certification Examination Registration Form* **and** the *PWEA Payment Form*. **Seats are confirmed on receipt of payment. Once registration has been processed by PWEA, there will be no refund of the fee paid to PWEA.** Submit both forms with credit card or check payment:

by fax to: (717) 642-9508 (credit card payment)	**by mail to:** **PWEA**
	PO Box 3367
by email to: pwea@pwea.org (credit card payment)	**Gettysburg, PA 17325**

Questions about REGISTRATION? Contact Susan Boynton at (717) 642-9500 or pwea@pwea.org.

Questions about CERTIFICATION? Operators can take up to eight [8] exams. The PA DEP Operator Certification Registration Form includes time guidelines for each exam section. *Operators should check with their plant supervisor to obtain the size of the plant (GPD) or what technology exams are needed to become certified, or contact the PA DEP at 717-787-5236.* Provide your contact information within your message including: First and Last Name, and DEP Client ID Number. Allow two business days for a response.

Email Address: _____

*** YOUR EXAM CONFIRMATION LETTER WILL BE EMAILED TO YOU. ***

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Exam Registration Fees: ❑ PWEA Member $55   PWEA Membership # _____

❑ Non-Member $80

This fee covers exam registration only. The PA DEP will bill you a $35 processing fee when you apply for certification.

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Method of Payment: ❑ Check   ❑ MasterCard   ❑ Visa   ❑ Amex
(payable to PWEA)

Credit Card Number:_____ Exp. Date: _____

Signature:_____ Security Code: _____

Name (AS IT APPEARS ON CARD):_____

Billing Address:_____

City:_____ State:_____ Zip:_____