

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY
Application for Certification and Examination
Wastewater Treatment Facility Operator Certification Program

Ver. August 2024

All statements made in this application are subject to investigation and verification. Falsification, misstatement of any material fact, or failure to furnish all information requested will be cause for rejection or revocation.

PLEASE TYPE OR PRINT. COMPLETE ALL FIELDS BELOW **INCLUDING EMAIL ADDRESS**

NAME (First, Last, Middle Initial)	ADDRESS		
HOME PHONE			
WORK PHONE	CITY	STATE	ZIP CODE
EMAIL ADDRESS <i>(Required)</i>			

Please note the deadline for receipt of the application and fees is 30 days before the expected test date. **Your exam results will be withheld without all the required documents and fees.**

Select Level of Certification for Which You Are Applying <i>(select only one)</i> :			
Municipal/Compatible		Physical/Chemical (Industrial)	
<input type="checkbox"/> L	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
<input type="checkbox"/> IV	OR	<input type="checkbox"/> Ind-I	<input type="checkbox"/> Ind-2
<input type="checkbox"/> Ind-3	<input type="checkbox"/> Ind-4		
(Lowest)	(Highest)	(Lowest)	(Highest)
Certification Method <i>(select one of the following)</i> :			
<input type="checkbox"/> Computer Based Exam at PSI Testing Center <i>(applicants will receive electronic instructions from PSI Testing for scheduling your exam)</i>			
<input type="checkbox"/> Computer Based Exam at Fallbook <i>(applicants will receive instructions from NDEE)</i>			
<input type="checkbox"/> Paper Based Exam <i>(please enter the testing location and date you plan to attend)</i>			
TEST Location: _____ Date: _____			
<input type="checkbox"/> Reciprocity			
<input type="checkbox"/> Temporary One-year Certification (Class L & Class I only)			
Fee Schedule			
\$150 Test	\$125 Retest	\$150 Reciprocity	\$125 Temporary One-year Certification

Wastewater Lagoon pre-certification Training Yes No (\$140.00)

Have you previously taken an exam with NDEE*? Yes No

**Candidates failing three times in succession must earn 10.00 approved training hours prior to testing again.*

If yes, list date(s) and type of exam _____

CURRENT CERTIFICATE

Are you presently a certified Wastewater Operator? Yes No

Current Active Certificate Number _____ Title of Certificate and Class _____

Issuing Agency _____

EDUCATION AND TRAINING RECORD

Please check all those that apply and list the year, issuing agency and certificate or degree field if appropriate.

High School Diploma or High School equivalency certificate (GED)

Must have a GED or a High School Diploma

College Degree (4yr.) in the environmental field, engineering, or a related science

Associate Degree (2yr.) in the environmental field, engineering, or a related science

Post-secondary vocational program certificate in the environmental field

EXPERIENCE – *Include facility where currently employed, if applicable.*

Facility	From Start Date	To End Date

ACKNOWLEDGMENT

I, the undersigned, certify that I am the above applicant; that all statements made, and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted. Further, should I have received that certificate under false circumstances, I will immediately surrender the certificate to NDEE. I also consent to a thorough investigation of my application for the purpose of verification of my qualifications for the certificate for which I have applied. I also understand that my signature below gives NDEE the authority to use and report this information and my test results.

SIGN HERE _____ DATE _____

IMPORTANT: Enclose the proper fee (check or money order) with your completed application (and attestation form if applicable) and send to:

Nebraska Department of Environment and Energy
PO Box 98922
Lincoln, NE 68509-8922

Questions? Please contact the Operator Certification Program at (402) 471-4285.

Individual or Sole Proprietor United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. S4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

-OR-

I am a qualified alien under the federal Immigration and Nationality Act.
My immigration status and alien number are as follows:

I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____