

## WATER AND WASTEWATER OPERATOR-IN-TRAINING EXAM APPLICATION



## **APPLICATION INSTRUCTIONS**

- 1. In keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act*, Nova Scotia Environment will only use personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.
- 2. Operator-in-Training Exams are written at Nova Scotia Environment branch offices. Eligible applicants will be mailed instructions on how to schedule a time to write the exam.
- 3. The exam fee of \$27.25 must be **paid at the time the exam is written**. Please pay by cash, cheque or money order made payable to "Nova Scotia Minister of Finance". Payment by credit card is not accepted.
- 4. Please send completed applications to: Operator Certification Administrator C/O Sandra Hartley, Nova Scotia Environment, PO Box 442, 1894 Barrington St., Suite 1800, Halifax, NS B3J 2P8. Alternatively, you may fax to (902) 424-1080 or Scan and email to <a href="https://www.wwoc@NovaScotia.ca">wwwc@NovaScotia.ca</a>.
- 5. Information regarding operator certification including Operator-in-Training requirements can be found on our website at: <a href="http://NovaScotia.ca/wwoc">http://NovaScotia.ca/wwoc</a>.
- 6. Inquiries may be directed to 902-424-2553.

	APPLICANT	CONTACT INFO	RMATION		
FIRST NAME	MIDDLE NAMI	MIDDLE NAME OR INITIAL		LAST NAME	
MAILING ADDRESS			CITY/TOWN/C	OMMUNITY	
PROVINCE	POSTAL CODE	EMAIL			
HOME NUMBER MOBILE NUMBER		WORK NUMBER		FAX NUMBER	
GRADE ATTAINED	Documentation of comp	Oleted education mus		with application.	
UNIVERS	SITY, COLLEGE, OR TR	ADE SCHOOL E	EDUCATION	(IF APPLICABLE)	
CERTIFICATE / DIPLOMA / DE				#YEARS	
CERTIFICATE / DIPLOMA / DE	EGREE			# YEARS	
If applicable, please p	rovide documentation of any ι	ıniversity, college or	trade school pro	ograms with application.	
	DECLAR	ATION OF APPL	ICANT		
misrepresentations may res		applied for or revocation of	of any certificate gra	ct. I understand that any omissions or anted. I also consent to an investigation of ate for which I have applied.	
SIGNATURE			DATE		