

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER**

**APPLICATION FOR CERTIFICATION AS A CLASS K (INDUSTRIAL)
WASTEWATER TREATMENT WORKS OPERATOR**

CLASS K CERTIFICATE REQUESTED: (CHECK ONE)

SPECIFIC INDUSTRIAL SITE (A Class K certificate for a specific industrial site is only valid for the specific industrial wastewater treatment works or pretreatment works for which it has been issued.)

WATER REMEDIATION SYSTEMS (A Class K certificate for water remediation systems is valid for all industrial wastewater treatment works or pretreatment works designed to remediate contamination from gasoline, diesel fuel, kerosene, jet fuel, or heating oil.)

REQUESTED EXAMINATION DATE: _____

REQUESTED EXAMINATION LOCATION: _____
OR (If Applicable)

REQUEST CERTIFICATION BASED ON PRIOR CERTIFICATE ISSUED: _____ DATE _____ LEVEL: _____ CL 1-4, K

NOTE: You must complete pages 1 and 2 of the application. Applications received which do not have both pages completed will be returned to the applicant for completion and resubmittal.

APPLICANT INFORMATION

GENERAL INFORMATION	NAME - LAST, FIRST, MIDDLE INT.	MR.	MS.	(CHECK ONE)	SOCIAL SECURITY NUMBER
	HOME MAILING ADDRESS				
	STREET	CITY		STATE	ZIP CODE
	HOME PHONE NUMBER (INC. AREA CODE)	DATE OF BIRTH		COUNTY IN WHICH YOU LIVE	
E-MAIL ADDRESS	FAX NUMBER (INC. AREA CODE)		BUSINESS PHONE NUMBER (INC. AREA CODE)		

INDUSTRIAL WASTEWATER WORKS INFORMATION

IF CURRENTLY EMPLOYED AT MORE THAN ONE INDUSTRIAL WASTEWATER TREATMENT WORKS
ATTACH LIST INCLUDING ALL DATA REQUESTED BELOW

INDUSTRIAL WASTEWATER TREATMENT INFORMATION	NAME OF FACILITY WITH WASTEWATER TREATMENT &/OR PRETREATMENT WORKS:	NPDES PERMIT # (IF APPLICABLE)	
	FACILITY MAILING ADDRESS		
	STREET	CITY	STATE ZIP CODE
	PHYSICAL LOCATION OF TREATMENT FACILITY		
STREET	CITY	STATE ZIP CODE	
FACILITY PHONE NUMBER (INCL. AREA CODE)	NAME OF PERSON YOU REPORT TO		

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111½ Section 1013. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

CERTIFICATION HISTORY

COMPLETE THE INFORMATION BELOW FOR ALL CERTIFICATIONS IN ILLINOIS IN ANY OTHER PROGRAMS (eg. Public Drinking Water, Wastewater, Laboratory Analyst, etc.) AND/OR ALL CERTIFICATIONS RECEIVED FROM ANY OTHER CERTIFYING AUTHORITY.

YES NO

1. Have you ever obtained or attempted to obtain certification by fraud or deceit?
2. Have you ever demonstrated gross negligence or gross misconduct in the operation and maintenance of a wastewater treatment or pretreatment system?
3. Have you ever falsified or willfully failed to maintain or willfully not submitted any records and reports required by any authorized regulatory authority?
4. Has a final judgment in a civil action or a conviction in a criminal action determined that you, the applicant, have performed any of the acts listed above?
5. Have you ever been denied certification for any of the above reasons?
Please explain all "Yes" responses for Items 1 - 5.

6. Do you presently hold any certifications? YES NO
If yes, please provide the following information for all certifications presently held:

Certification Level	Date Certified	Issued By	Program Type	Expiration Date
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7. Have you ever had a certificate sanctioned (revoked, suspended, or placed on probation)? YES NO
If yes, please provide the following information for each sanctioned certificate:

Certification Level	Date Certified	Sanctioning Body	Sanction Date	Length Of Sanction
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SIGNATURE

I hereby certify that the statements made in this application are true and accurate to the best of my ability. I understand that any statement made by me that is not accurate may be grounds for ineligibility for this certificate or loss of this certificate.

_____ _____
Signature Date

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
BUREAU OF WATER/DWPC/CAS #19
P.O. BOX 19276
SPRINGFIELD, IL 62794-9276
ATTN: OPERATOR CERTIFICATION PROGRAM
TELEPHONE: 217/782-9720**