



## USET CERTIFICATION BOARD FOR WATER & WASTEWATER TREATMENT PLANT OPERATORS AND LABORATORY ANALYSTS

### APPLICATION FOR USET CERTIFICATION

*For Official Use Only*

Received Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ By \_\_\_\_\_

**NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_

Former/Maiden Name: \_\_\_\_\_

**ADDRESS:** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TRIBE CURRENTLY EMPLOYED BY:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **LAST 4 DIGITS OF SSN:** \_\_\_\_\_

**Certificate Requested: (Mark an X in appropriate box and submit total fee due – see Fee Schedule)**

WATER	WASTEWATER
___ Class I-Public Water Supply System Operator	___ Class I-Wastewater Treatment System Operator
___ Class II-Public Water Supply System Operator	___ Class II-Wastewater Treatment System Operator
___ Class III-Public Water Supply System Operator	___ Class III-Wastewater Treatment System Operator
___ Class IV-Public Water Supply System Operator	___ Class IV-Wastewater Treatment System Operator
___ Very Small Water System Operator	___ Wastewater Collection System Operator
___ Water Distribution System Operator	___ Wastewater Laboratory Analyst
___ Water Laboratory Analyst	___ Operator-In-Training (WATER & WASTEWATER)

**TOTAL DUE FOR CERTIFICATION: \$**

Make your certified check, money order, or company check payable in U.S. currency to **United South and Eastern Tribes, Inc.** Fees are subject to change at the discretion of the Board. Checks returned to United South and Eastern Tribes, Inc. may be subject to a \$25.00 penalty.

**STATUS:**

I am applying as a first-time (NEW) candidate  
     ABC Examination  
     Reciprocity through existing certification

I am applying for a higher classification of system operation certification

I am RENEWING my current certification classification

**CANDIDATE STATEMENT:**

I certify that the information provided on this form and in the submitted application package is correct and that I have met the requirements for passing the specified examination for the level of certification to be granted. I understand that all required information must be submitted before certification will be reviewed and granted by the USET Certification Board. I agree to follow all guidelines as set forth by the USET as set forth by the USET Certification Board in order to remain in good standing with the Board and maintain a current certification.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Submit Original Application, Letter of Employment, and Fee to:

**United South and Eastern Tribes, Inc. (USET)**  
711 Stewarts Ferry Pike, Suite 100  
Nashville, TN 37214  
Attn: Margaret Washko  
Phone: (615) 467-1705  
Fax: (615) 872-7417



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TREATMENT PLANT OPERATORS  
AND LABORATORY ANALYSTS**

**FEE SCHEDULE**

<b>Application for Initial Certification</b>	<b>\$50.00</b>
<b>Application for Renewal of Certification</b>	<b>\$50.00</b>
<b>Surcharge for Late Renewal Payments During 90-Day Period</b>	<b>\$100.00</b>
<b>Name or Address Change Processing Fee</b>	<b>\$10.00</b>
<b>Reinstatement Fee</b>	<b>\$150.00</b>
<b>Lost/Replacement Certificate</b>	<b>\$25.00</b>
<b>Lost/Replacement Wallet Card</b>	<b>\$10.00</b>
<b>Examination Fee</b>	<b>\$65.00</b>

(charge per certification)



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## ***APPLICATION PACKAGE CHECKLIST***

Please ensure that all requested information is provided with the Application Package to facilitate more efficient processing of documents.

Completed and Signed Application

Letter of Endorsement from Tribal Employer

\*Proof of Authorized Course Completion

\*Proof of Successfully Passing Certification Test

\*Proof of Continuing Education Credits (only for those renewing certification)

Appropriate fees for application or renewal and/or additional fees as applicable

\*Note: Copy of front and back of wallet card may be substituted, as applicable.