



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

## **Application Package Checklist**

Please insure 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
- Copy of Classification Determination
- 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



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

## Application for USET Certification

*For Official Use Only*

Received Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ | By: \_\_\_\_\_

\*\*\*Please use **Blue** or Black Ink and Print all information legibly\*\*\*

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

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

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

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

E-mail: \_\_\_\_\_

Business Ph.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Ph.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

**DATE OF BIRTH:** \_\_\_\_\_ **LAST 4 DIGITS OF SOC. SEC. NO.:** \_\_\_\_\_

Certificate Requested: (Mark completely and submit total fee due- See Fee Schedule)

Water	Wastewater
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- |  |   |
|--|---|
| <input type="checkbox"/> Class I-Water Treatment System Operator<br><input type="checkbox"/> Class II-Water Treatment System Operator<br><input type="checkbox"/> Class III- Water Treatment System Operator<br><input type="checkbox"/> Class IV-Public Water Supply System Operator<br><input type="checkbox"/> Water Distribution System Operator<br><input type="checkbox"/> Water Laboratory Analysts | <input type="checkbox"/> Class I-Wastewater Treatment System Operator<br><input type="checkbox"/> Class II- Wastewater Treatment System Operator<br><input type="checkbox"/> Class III- Wastewater Treatment System Operator<br><input type="checkbox"/> Class IV-Bio Wastewater Treatment System Operator<br><input type="checkbox"/> Wastewater Collection System Operator<br><input type="checkbox"/> Wastewater Laboratory Analysts<br><input type="checkbox"/> Industrial 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.

**PROOF OF EXAMINATION:**

Type of Examination Taken: \_\_\_\_\_

Date Passed: \_\_\_\_\_

Examination Location: \_\_\_\_\_  
\_\_\_\_\_

**STATUS:**

- I am applying as a first-time (NEW) candidate
- 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 Certification Board in order to remain in good standing with the Board and maintain a current certification.

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

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

 Submit Original Application and Fee to:

**United South and Eastern Tribes, Inc. (USET)**  
711 Stewarts Ferry Pike, Suite 100  
Nashville, TN 37214  
Attn.: Executive Director  
Phone: (615) 872-7900  
Fax: (615) 872-7417



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## **FEE SCHEDULE**

Application for initial Certification	\$ 50.00
Application for renewal of Certification	\$ 50.00
Surcharge for late renewal payments during 90 day period	\$ 100.00
Name or Address Change Processing fee	\$ 10.00
Reinstatement Fee	\$ 150.00
Lost/Replacement Certificate	\$ 25.00
Lost/Replacement Wallet Card	\$ 10.00

### **United South and Eastern Tribes, Inc.**

711 Stewarts Ferry Pike, Suite 100

Nashville, TN 37129

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Fax: (615) 872-7417

**[www.usetinc.org](http://www.usetinc.org)**

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AND WASTEWATER TREATMENT PLANT  
OPERATORS AND LABORATORY ANALYSTS  
BYLAWS**

