



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

APPLICATION FOR USET CERTIFICATION

NAME: Last: _____ First: _____

ADDRESS: Street Address: _____

City: _____ State: _____ Zip Code: _____

Email (Business and/or Personal): _____

Business Phone: (_____) _____ - _____ Mobile Phone: (_____) _____ - _____

TRIBAL NATION 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
Public Water Supply System Operator Check Class: ___I ___II ___III ___IV	Wastewater Treatment System Operator Check Class: ___I ___II ___III ___IV
Water Distribution System Operator Check Class: ___I ___II ___III ___IV	Wastewater Collection System Operator Check Class: ___I ___II ___III ___IV
Water Laboratory Analyst Check Class: ___I ___II ___III ___IV	Wastewater Laboratory Analyst Check Class: ___I ___II ___III ___IV
___ Very Small Water System Operator	___ Operator-In-Training (Apprentice)
___ Operator-In-Training (Apprentice)	___ Operator-In-Training (Journeyman)
___ Operator-In-Training (Journeyman)	
	Please note the USET Certification Board has adopted ABC's classification system.

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:

- ___ Appropriate fees, in the amount established by the Certification Board.
- ___ Proof of successfully completing the training for which the certificate will be awarded at the level approved by the Certification Board.
- ___ Proof of experience in actual system operation.
- ___ A letter of endorsement from the Tribal Nation which the applicant is employed by at the time of issue of the certification.
- ___ Proof of passing the appropriate examination for the class of license applied for.
- ___ Operator-in-Training must submit Qualifying Experience Form (see page 43 in Bylaws).

___ I am applying for lateral entry or reciprocity:

Provided that the applicant provides:

- ___ Appropriate fees, in the amount established by the Certification Board.
- ___ A copy of a system facility classification as determined by the appropriate jurisdictional agency.
- ___ The classification criteria used by the agency which issued the applicant's current certification.
- ___ The issuing agency's continuing education and/or retesting requirements.
- ___ Proof that the applicant has met the continuing education requirements and/or retesting requirements.

___ I am applying for a higher classification of system operation certification:

- ___ Appropriate fees, in the amount established by the Certification Board.
- ___ A copy of a system facility classification as determined by the appropriate jurisdictional agency.
- ___ Proof of successfully completing the training for which the certificate will be awarded at the level approved by the Certification Board.
- ___ Proof of experience in actual system operation.
- ___ Proof of passing the appropriate examination for the class of license applied for.

___ I am RENEWING my current certification:

- ___ The renewal application must indicate all certificates being renewed.
- ___ A renewal fee for each certificate (See Fee Schedule, Appendix B (1)).
- ___ proof of the continuing education points earned which are required to renew each of the Operator's or Laboratory Analyst's certificates (i.e., 8, 12, 18 or 24).

Please note applicants must show experience for the level of facility they are applying for.

QUESTIONS ON PRIOR REVOCATION OR DENIAL OF LICENSE AS REQUIRED BY USET BYLAWS:

1) Have you had a revoked or suspended or otherwise sanctioned license by any board or agency?

___ Yes ___ No

2) Were you denied issuance of or, pursuant to disciplinary proceedings, refused renewal of license by any board or agency?

___ Yes ___ No

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: Jennifer Bennett

Email: jbennett@usetinc.org

Phone: (347) 598-7797

Fax: (615) 872-7417



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AND LABORATORY
ANALYSTS**

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
Examination Fee	\$65.00

(charge per certification)