

RESCHEDULING FORM
FOR WASTEWATER OPERATOR & COLLECTION SYSTEM
OPERATOR CERTIFICATION EXAMS

Individuals who have been approved to take an exam or have taken and failed an exam may reschedule for the **same examination level** either by completing and submitting the form at the bottom of this page, or by telephone. To insure proper processing, it is important to accurately complete all of the requested information on the form.

NOTE: A COMPLETED APPLICATION MUST BE SUBMITTED IF YOU ARE A FIRST-TIME APPLICANT OR IF YOU WISH TO BE EXAMINED FOR A CERTIFICATE OF A HIGHER LEVEL.

REMEMBER: Allow sufficient time for processing. Rescheduling forms must be received by the Operator Certification Unit at least **3 weeks prior to the desired examination date.**

To obtain application forms, exam schedules, or additional certification information, visit the wastewater certification website, or contact the **Operator Certification Unit** at the **Illinois Environmental Protection Agency, Bureau of Water, Compliance Assurance Section, P.O. Box 19276, Springfield, Illinois 62794-9276.**
TELEPHONE: (217) 782-9720

Wastewater Certification Website: <http://www.epa.state.il.us/water/operator-cert/waste-water/index.html>

NOTE: Space constraints limit the number of persons that can be scheduled at each exam location. Thus, the earlier you reschedule the better chance you have to be scheduled for the exam date and location of your choice.

USE THE FORM BELOW TO RESCHEDULE A PREVIOUSLY TAKEN EXAM OR PREVIOUSLY SCHEDULED EXAM

Reschedule for Class _____ exam (Choose from Class 1, 2, 3, 4, K, K-WR or Collection System)

Have you taken this Class level exam before? ___Yes ___No*

***If NO, you must complete and submit an application to the address listed above.**

Specify your **first AND second choices** for exam date and location:

First Choice Date: _____ First Choice Location: _____

Second Choice Date: _____ Second Choice Location: _____

Name: _____ Last Four Digits of your SSN: xxx-xx- _____

Address:

Street: _____

City, State, ZIP Code: _____

Is this a new address since your prior exam application? ___Yes ___No

Telephone Numbers, Including Area Code:

Cell: _____/_____/_____ Home: _____/_____/_____ Work: _____/_____/_____