

ROCKY MOUNTAIN WATER QUALITY ANALYST ASSOCIATION

APPLICATION FOR LABORATORY ANALYST CERTIFICATION

PERSONAL INFORMATION

Date: _____

Level Requested: _____ Current Level: _____ Certificate #: _____

Full Name: _____
Print name as you wish it to appear on the certificate.

Address: _____
Number Street

_____ *City State Zip Code*

Telephone: _____
Home Work Fax

Email Address: _____

Preferred Exam Site: Englewood Grand Junction Albuquerque

PRESENT EMPLOYMENT

Employer: _____

Address: _____
Number Street

_____ *City State Zip Code*

Job Title: _____ Length of Service: _____ years

Laboratory Type: Utility Commercial Potable Water Wastewater Other

Describe laboratory testing procedures and equipment:

Briefly state your usual duties:

Do NOT write in this space

Paid: _____

Exam Results _____

Exam Score _____

Cert. # _____

Expires: _____

Mailed: _____

Filed: _____

PREVIOUS LABORATORY OR RELATED EXPERIENCE

List previous employment below

Dates of Service			NAME AND ADDRESS OF EMPLOYER	POSITION HELD
From	To	Total years		

EDUCATION			
List the name of the School and its location	Years Attended	Date Graduated	Subjects studied or degrees obtained
A: High School			
B: College			
C: Graduate			
D: Other			

EXAM LEVEL	MINIMUM EDUCATION	MINIMUM EXPERIENCE	NECESSARY PRIOR CERTIFICATION
LEVEL I	High School or GED	6 Months	None
LEVEL II	High School or GED or AA Degree or Bachelors Degree	4 Years 3 Years 2 Years	Level I
LEVEL III	High School or GED or AA Degree or Bachelors Degree	5 Years 4 Years 3 Years	Level II

List other educational sources completed that relate to laboratory work

Mail application and fee to: L/E WWTP
 Attn: Joan Day
 2900 S. Platte River Drive
 Englewood CO 80110

This application MUST be received by September 11, 2008.