

## EXAM APPLICATION-Animal Waste Management System Operator Certification

- Applications must be **postmarked** at least 30 days prior to the exam.
- Incomplete applications will be returned. Applications must be **signed**.
- Attach a Certificate of Completion for the required approved training school.
- Include a **\$90** Check or Money Order Payable to: **WPCSOCC** for a non-refundable application fee.
  - (\$25 will be charged for insufficient bank funds.)
- Mail to: **WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618**

Revised 01/20/2026

Circle One in Each column

Exam Type	Exam Month	Exam Location	Certification Status
A	March	Raleigh	I do not have Animal Waste or Wastewater certification.
	June	Kenansville	
	September	Morganton	My certification is active and in good standing.
	December	Kannapolis	
		Waynesville	My certification is suspended / revoked / invalid / overdue, etc.
		Williamston	

Animal Waste Operator # if you have one: \_\_\_\_\_

Social Security # - **ONLY** if you do not have an Operator #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Suffix (Jr, Sr, etc) \_\_\_\_\_

Mailing Address / City State Zip \_\_\_\_\_

email address \_\_\_\_\_

County \_\_\_\_\_

Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

- I hereby certify the information given in this application is correct to the best of my knowledge. I understand that providing false information on this application may lead to the revocation of any and all certificates issued to me by the Water Pollution Control System Operators Certification Commission (WPCSOCC). I have read the eligibility requirement for the type certification I am seeking and believe that I am eligible to sit for the examination for that certification. [ See 15A NCAC 08F .0400 ]

Applicant Signature \_\_\_\_\_

date \_\_\_\_\_

-----WPCSOCC STAFF USE ONLY-----

Payee: \_\_\_\_\_

Check #: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Check Date: \_\_\_\_\_

Approved     Denied    Comment: \_\_\_\_\_

Check Amt: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Review Date: \_\_\_\_\_

Check Rec'd: \_\_\_\_\_