

WPCSOCC EXAM APPLICATION

- updated January 15, 2026 -

REQUIRED WITH APPLICATION:

\$101.00 Processing Fee (Non-refundable) Check or money order to: WPCSOCC. Address on bottom of page 2.

Copy of Training School Certificate of Completion from a Commission-approved school.

COMPLETED application with BOTH signatures where required. Incomplete applications will be returned.

Year high school diploma/GED received: _____

Year

Name of School, City, State

Operator Status?

Is applicant applying as Operator-In-Training (OIT)? YES

(OIT = does not meet experience requirements.)

Wastewater Operator Number:
(if applicable): _____

wastewater operator #

Social Security # (If you do not have an operator #)

Date of Birth

APPLICANT INFORMATION:

First Name

Middle Name

Last Name

Suffix

Street Address

City

State

Zip

Email

Cell #

Work #

Home #

EMPLOYER INFORMATION:

If applicant is presently working at a water pollution control system, **COMPLETE this section**, and **Supervisor sign page 2**.

Employer Name

Employer Phone #

System Name

Permit #

Permit Classification

Immediate Supervisor

Supervisor Phone #

Supervisor Extension

Is supervisor a WPCSOCC certified operator?

NO

YES, provide supervisor's operator number: _____

Postmark Date: _____

*** FOR WPCSOCC STAFF USE ONLY ***

Check Date: _____

Payee: _____

Check #: _____

Amount: \$ _____

☐ Approved ☐ Denied

Comments: _____

Reviewer's Initials: _____

Date reviewed: _____

OPERATIONAL EXPERIENCE:

- List your experience as a wastewater operator including the physical operation of equipment. INCLUDE DATES of EMPLOYMENT.
- Lab testing, maintenance, administrative support, or direct/indirect supervision, for example, do not qualify as experience.
- Exam Application Requirements are found on the Wastewater Program's Exam page: www.deq.nc.gov
- If using education in lieu of experience, submit college transcripts with this application.
- OIT: Applicants that do not demonstrate they possess the eligibility requirements will be issued an OIT certification. Conversion to full certification after one year of experience requires submittal of a form and \$59.

I am a homeowner operating only my own SS/SI system.

APPLICANT:

- I have read the eligibility requirements for the type and grade certification I am seeking and believe I am eligible to sit for that examination.
- I certify that the information given in this application is true and correct.
- I understand providing false information may lead to the revocation of any and all certificates issued to me by the WPCSOCC.

APPLICANT Signature: _____

Date: _____

SUPERVISOR:

- I have reviewed this application and hereby verify all the information and statements provided by the applicant are true and correct.
- I understand that I am responsible for verifying the experience information provided on this application and that any false information provided by the applicant may lead to the revocation of any and all certificates issued to me by the WPCSOCC.
- I recommend that the WPCSOCC consider this applicant for certification.

SUPERVISOR Signature: _____

Date: _____

Mail to: WPCSOCC, 1618 Mail Service Center, Raleigh, NC 27699-1618

Questions? 919-707-9190