

WPCSOCC EXAM APPLICATION

- updated April 27, 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

BOTH signatures where required.

Year high school diploma/GED received: _____

Year

HS Name, 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:

- INCLUDE DATES of EMPLOYMENT. List experience as an operator.
- Requirements found on the 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. Can convert to full certification after gaining experience, submitting form and fee.

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

By signing below, :

- I verify that the information given in this application is true and correct.
- I understand providing false information may lead to the revocation of WPCSOCC certifications.

APPLICANT Signature: _____

Date: _____

SUPERVISOR Signature: _____

Date: _____

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

Questions? 919-707-9190