WPCSOCC EXAM APPLICATION

- updated November 9, 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*

Select EXAM TYPE | **Select GRADE** | **Select Month** | **Select LOCATION**

Operator Status?

Choose One (Required): _____

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

(*OIT = does not meet experience requirments.)*

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 #* Classification *Permit Classification*

Print Supervisor's Name (sign on page 2) *Supervisor.Email* *Supvisor Phone*

Is supervisor a WPCSOCC certified operator? ☐ NO ☐ YES, provide supervisor's operator number: _____

*** FOR WPCSOCC STAFF USE ONLY ***

Postmark Date: _____ Check Date: _____

Payee: _____ Check #: _____ Amount: $_____

☐ Approved ☐ Denied Comments: _____

Reviewer's Initials: _____ Date reviewed: _____

REQUIRED INFORMATION: OPERATIONAL EXPERIENCE and DATES

- INCLUDE **Start Date** and **End Date** AND **Operator Experience.**
  - If this info is missing, you will be assigned OIT, and can submit an OIT conversion form and fee after the exam.
  - If you still work there, write "Present" for your End Date.
- Requirements found on the Exam page: www.deq.nc.gov
- If using education in lieu of experience, submit college transcripts with this application.

Start date (mm/yy) - End date (mm/yy)	Details of Physical Operation Experience for this system.
hours per week	
Facility Name	
Permit #	
Facility Classification	

Start date (mm/yy) - End date (mm/yy)	Details of Physical Operation Experience for this system.
hours per week	
Facility Name	
Permit #	
Facility Classification	

☐ 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