

WPCSOCC EXAM APPLICATION

- updated October 12, 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 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 # Classification

System Name Permit # Permit Classification

Print Supervisor's Name (sign on page 2) Supervisor Email Supervisor 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)
hours per week
Facility Name
Permit #
Facility Classification

Details of Physical Operation Experience for this system.

Start date (mm/yy) - End date (mm/yy)
hours per week
Facility Name
Permit #
Facility Classification

Details of Physical Operation Experience for this system.

☐ 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