



# KEEWAYTINOOK CENTRE of EXCELLENCE

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 807-737-1135 ext 4000  
 Rm. 209, 100 Casimir Avenue  
 Dryden, ON P8N 3L4

**FAX 807-223-8426**

## CERTIFICATION REGISTRATION FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Ph #** \_\_\_\_\_ **Work Ph #** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **Education (Grade):** \_\_\_\_\_

**Ontario Water Wastewater Certification Office ID # 9** \_\_\_\_\_

<b>COURSE REGISTRATION INFORMATION</b>		
Please fill out completely.		
Course Title	Level & Exam	Course Date
OIT (Operator-in-Training)	(OIT participants may write one to four exams.) <input type="checkbox"/> WT <input type="checkbox"/> WD <input type="checkbox"/> WWT <input type="checkbox"/> WWC	
	(Participants may write <u>one</u> exam only.)	
Water Treatment (WT)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Water Distribution (WD)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Water Supply & Distribution (WSD)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Wastewater Treatment (WWT)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Wastewater Collection (WWC)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	
Limited Subsystems	<input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	
Water Quality Analyst	<input type="checkbox"/> 3-day Course <input type="checkbox"/> Exam	
Operations Small Drinking Water Systems	<input type="checkbox"/> OSDWS	

**Payment can be made by cheque, cash or a purchase order for invoicing. Cancellation notification must be received prior to deadline date. Cancellation after this date will be subject to a cancellation/administration fee.**

\_\_\_\_\_  
**Registrant Signature**

\_\_\_\_\_  
**Date**

**For First Nations Only: BAND/COUNCIL APPROVAL** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

*Course confirmation will only be made with Band/Council approval.*