



**KEEWAYTINOOK
CENTRE OF EXCELLENCE**
Suite 209 – 100 Casimir Ave
Dryden, ON P8N 3L4

REGISTRATION FORM
FAX - 807-223-8426
PH 807-737-1135 ext 4000 or 4001
TOLL FREE 1-877-737-5638 ext 4000 or 4001

STUDENT INFORMATION

Last name:		First:	Middle:	Home phone #: ()	Work phone #: ()
Street address:					Fax #: ()
P.O. Box:	City:		Province:	Postal Code:	
Job Title:		Employer:			
Level of Education	Certification Level	Ontario Water Wastewater Certification Office ID # 9 _ _ _ _ _			

COURSE REGISTRATION INFORMATION

OPERATOR-IN-TRAINING (OIT participants may write 1 to 4 exams. Submit with the MOE OIT Exam Registration Form.)

WT and/or WD and/or WWT and/or WWC

CERTIFICATION (Leveled exam participants may write 1 exam only. Submit with the MOE Exam Registration Form.)

- | | | | |
|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> CLASS I WT | <input type="checkbox"/> CLASS I WD | <input type="checkbox"/> CLASS I WWT | <input type="checkbox"/> CLASS I WWC |
| <input type="checkbox"/> CLASS II WT | <input type="checkbox"/> CLASS II WD | <input type="checkbox"/> CLASS II WWT | <input type="checkbox"/> CLASS II WWC |
| <input type="checkbox"/> CLASS III WT | <input type="checkbox"/> CLASS III WD | <input type="checkbox"/> CLASS III WWT | <input type="checkbox"/> CLASS III WWC |
| <input type="checkbox"/> CLASS IV WT | <input type="checkbox"/> CLASS IV WD | <input type="checkbox"/> CLASS IV WWT | <input type="checkbox"/> CLASS IV WWC |

CEUs (Check our course calendar on our web site for Continuing Education Units. Indicate course and date below.)

CEU course _____ Date _____

GED (Grade 12 Equivalency) Date _____

SIGNATURE AND APPROVAL

Signature of Student:	Date:	Fax Confirmation to: ()
Invoice to:		
Course confirmation will only be made with Band/Council Approval.		
_____	_____	_____
Band/Council/Supervisor signature	Date	