

CERTIFICATION

NAME _____

ADDRESS _____

HOME PH _____ WORK PH _____

FAX _____ EDUCATION (GRADE) _____

E-MAIL _____

ONTARIO WATER WASTEWATER CERTIFICATION ID # 9 _____

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

LOCATION

209-100 Casimir Ave.
Dryden, ON P8N 3L4

PHONE

807-737-1135 x4000
877-737-5638 x4000

E-MAIL

info@watertraining.ca

FAX

807-223-8426



COURSE REGISTRATION INFORMATION		
COURSE	LEVEL AND EXAM	DATE
OIT - Operator-in-Training	<input type="checkbox"/> WT <input type="checkbox"/> WD <input type="checkbox"/> WWC <input type="checkbox"/> WWT	
<i>Participants can only write <u>one</u> exam.</i>		
Water Treatment (WT)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Water Distribution (WD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Water Supply & Distribution (WSD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Wastewater Treatment (WWT)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Wastewater Collection (WWC)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Limited Subsystems	<input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	
Water Quality Analyst	<input type="checkbox"/> 4-day course <input type="checkbox"/> Exam	
Operations Small Drinking Water Systems	<input type="checkbox"/> OSDWS	

Signature _____

Date _____

For First Nations only: BAND/COUNCIL APPROVAL: _____

PRINT NAME: _____