

IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS

BUREAU OF OCCUPATIONAL LICENSES

700 West State Street, PO Box 83720

BOISE, IDAHO 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: wwp@ibol.idaho.gov

Exam Type:

Online

Or

Written

APPLICATION FOR RE-EXAMINATION

Complete this form by providing the requested information and submit it to the address noted above. The signature of the applicant must be notarized. The completed application and the re-examination fee of **\$62.00** must be received before you will be scheduled for re-examination. FEES ARE NONREFUNDABLE. There is a \$20.00 fee for returned checks.

I wish to be registered to re-take the licensure examination noted below:

SELECT THE LICENSE TYPE: (Check One)

Water Treatment

Water Distribution

Backflow Assembly Tester

Wastewater Treatment

Wastewater Collection

Wastewater Laboratory

Very Small Wastewater System (License class not required)

Very Small Water System (License class not required)

SELECT THE LICENSE CLASS: Operator in Training Class I Restricted

Class I

Class II

Class III

Class IV

Lagoon

Land Application

1. Full Name (Mr., Mrs., or Ms.) _____
First Middle Last

2. Address of Record _____
(The above address is a public record) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street /PO Box City State Zip

4. Business phone (____) _____ Cell phone (____) _____ E-mail _____
(The above phone number is a public record) (The above phone number and e-mail is not a public record)

5. Social Security Number _____ - _____ - _____
Idaho Code § 73-122 requires all applicants to provide a Social Security Number

ONLINE EXAMS

The board is now offering online exams. Online exam space is limited and will be given on a first-come-first-served basis. Due to limited space, schedule changes cannot be accommodated for online exams.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

AFFIDAVIT

I certify under penalty of perjury that all information contained in this application and attached hereto is true and correct to the best of my knowledge and belief. I certify that I have reviewed and will abide by the laws and rules governing the practice for which I am seeking licensure. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Applicant Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____