



TRAINING SESSION REGISTRATION APPLICATION



STATEWIDE WASTEWATER OPERATOR TRAINING CENTER
UNIVERSITY OF HAWAII, WATER RESOURCES RESEARCH CENTER
PHONE: (808) 956-7298 FAX: (808) 956-5014

NAME (Print) _____
Last First M.I.

MAILING ADDRESS _____

Street City Zip Code

TELEPHONE (work) _____ (Cell) _____

EMPLOYER _____

POSITION TITLE _____ *CERTIFICATION GRADE(S) _____

COURSE No. & TITLE _____

DATE(S) OF COURSE _____ ISLAND _____

TUITION FEE \$ _____ (IF APPLICABLE)

*IF ATTENDING ABC CERTIFICATION EXAMINATION REFRESHER COURSE, PLEASE SPECIFY WHICH CERTIFICATION GRADE EXAM(S) YOU WILL BE SITTING FOR.

Please make check or money order payable to "**RCUH**"

INCOMPLETE FORMS WILL NOT BE PROCESSED
APPLICATIONS AND TUITION ARE DUE AT LEAST one (1) WEEK PRIOR TO THE FIRST DAY OF CLASS

Send completed application to: Statewide Wastewater Operator Training Center University of Hawaii, Water Resources Research Center 2540 Dole Street, Holmes Hall 283 Honolulu, HI 96822 FAX: (808) 956-5014 Email: uhwwtrainingcenter@gmail.com	OFFICIAL USE ONLY: Date Received: _____ Date of Check: _____ Check #: _____ Amount Received: _____
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I certify that I meet the prerequisites of the course,

APPLICANT'S SIGNATURE _____ Date _____

SUPERVISOR'S APPROVAL _____ Date _____

NOTES: COUNTY WASTEWATER EMPLOYEES: Please submit application to your supervisor for approval and then fax/email to Statewide Wastewater Operator Training Center.

ALL OTHER NON-MUNICIPAL AND NON-WASTEWATER EMPLOYEES: Mail application and tuition directly to Statewide Operator Training Center prior to class.