

RIWP EXAM APPLICATION

Registered Industrial Wastewater Professional

INDIANA INDUSTRIAL OPERATORS ASSOCIATION

12466 E. 62nd St., Indianapolis, IN 46235 317.823.9042 Tel. 317.823.8916 Fax

I desire to take the RIWP exam. Please type or print clearly.

PERSONAL INFORMATION

NAME: (Last,/First/Middle)

Check Preferred Mailing Address. Also, be sure to include e-mail address; most IIOA communication will be by e-mail!

RESIDENCE: Street Address:

City, State, ZIP

Telephone:

E-mail Address:

BUSINESS: Job Title:

Company Name:

Street Address:

City, State, ZIP

Telephone:

E-mail Address:

WASTEWATER CERTIFICATION LEVEL (complete for any licenses held)

Certificate Number Class Expiration Date

Industrial License		
Municipal License		
Number of Years Experience in Wastewater Field		
MEMBERSHIP		
<i>Please Check All that Apply</i>		
RIWP	\$10	Exam Fee at WITtec only - Exam Fee included in RIWP Course
IIOA Member	\$50	Member (please renew my membership)
<p>The undersigned hereby applies to take the RIWP exam and for membership in the Indiana Industrial Operators Association, Inc. and certifies that all statements in the application are correct and applicant meets the qualifications to take the exam. Applicant further agrees to abide by the RIWP Rules of Conduct, and Bylaws of the IIOA.</p>		
Applicant's Signature:		Date:
REMITTANCE: MC or Visa Account No: Name on Card:		Expires: Billing Zip Code:
Make checks payable to: Indiana Industrial Operators Association, Inc. (or IIOA)		