

PSI EXAMINATION APPLICATION

FOR THE GEORGIA STATE BOARD OF EXAMINERS FOR CERTIFICATION OF WATER AND WASTEWATER TREATMENT PLANT OPERATORS AND LABORATORY ANALYSTS

INSTRUCTIONS: If you are paying your examination fees by credit card, please complete this application online at www.goAMP.com. To pay by company check or money order (no personal checks), please complete this form and mail to PSI, 18000 W. 105th St., Olathe, KS 66061-7543. Use this form whether you are applying for examination or re-examination.

EXAMINATION ADMINISTRATION:

Examinations are administered by computer at seven Test Centers in Georgia and approximately 300 PSI Test Centers geographically distributed throughout the United States. Examinations are administered by appointment only Monday through Saturday in morning and afternoon sessions. There are no application deadlines, and candidates who meet the requirements for an examination may submit their applications at any time.

Your eligibility to take the examination for which you are submitting this application is valid for one year (365 calendar days) and will expire at that time. If you fail to schedule an appointment for this examination within the one year period, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for the examination.

You must wait 60 days between examination attempts.

ELIGIBILITY REQUIREMENTS: No documentation of eligibility is required to sit for the examination. However, applicants must be sure that they hold the appropriate certification and have completed the required education and/or experience for the particular class or category of examination prior to taking the examination and applying for a license with the state of Georgia.

DISABILITY ACCOMMODATION: If you have a disability and may require reasonable accommodations, please complete the "Request for Special Accommodations" form included with this application.

VETERANS: If you have served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President, you may be eligible for Veterans Preference Points to be added to your examination scores. Submit a copy of your DD 214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.

COMPLETE YOUR APPLICATION ONLINE AT WWW.GOAMP.COM

OR MAIL THIS FORM AND FEE TO:

**PSI, 18000 W. 105th St., Olathe, KS 66061-7543
833-256-1420**

5. EXAMINATION(S) AND FEE

Mark the appropriate circle for the examination for which you are applying.

Darken in completely one circle only. **Do not apply for the Class II or Class I examination unless you hold a current certificate in the immediately lower class of that category. You will not be allowed to change the examination type on the day of the examination.**

WATER

- Class I – Water Treatment System Operator – \$112
- Class II – Water Treatment System Operator – \$112
- Class III – Water Treatment System Operator – \$112
- Class IV – Water Treatment System Operator – \$92
- Water Distribution System Operator – \$112
- Water Laboratory Analyst – \$112
- Georgia Groundwater Operator Exam – \$112

WASTEWATER

- Class I – Wastewater Treatment System Operator – \$112
- Class II – Wastewater Treatment System Operator – \$112
- Class III – Wastewater Treatment System Operator – \$112
- Class IV – Wastewater Treatment System Operator – \$92
- Wastewater Collection System Operator – \$112
- Wastewater Laboratory Analyst – \$112
- Industrial Wastewater – \$112

If you pay by credit card, please complete this application online at www.goAMP.com. Company checks or money orders (no personal checks) should be made payable in U.S. currency to PSI Services Inc. **DO NOT** staple your payment to this form. **FEES ARE SUBJECT TO CHANGE.** Checks returned to PSI for non-payment will be subject to a \$25 penalty. Repayment must be made with a **cashier’s check or money order.**

6. STATUS

- I am applying as a first-time (NEW) candidate.
- I am a REPEAT candidate. (You must wait 60 days between examination attempts.)

7. VETERANS

Fill in the “YES” circle if you are claiming Veterans Preference Points. YES
Please submit a copy of your DD214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.

8. SPECIAL EXAMINATION ARRANGEMENTS

- I have a disability and will need special arrangements. I have completed the required Request for Special Accommodations form.

9. CANDIDATE STATEMENT

Date and sign.

I certify that the information provided on this form is correct and that I have met the requirements for taking the examination I have selected. I understand that if I pass the exam:

1. I will have six months to submit the Board Office documentation of my eligibility for testing along with completed licensure application form(s) and a fee of \$25. If I do not become licensed within this time period, I know that I must retest and again pass the examination before I can become licensed.
2. Furthermore, if I pass the exam but the Board finds that I was not eligible to be tested, then I must retest and again pass the examination before I can become licensed.

I certify that the information provided is correct and that I have met the requirements for taking the examination I have selected. I understand that I may be dismissed from the examination room and/or denied a license for irregularities including, but not limited to:

1. talking, signaling, or disrupting other candidates in any way;
2. attempting to copy answers from another candidate;
3. allowing my answers to be copied;
4. failing to follow the examination supervisor’s instructions.

Date: _____ Signature: _____

GEORGIA STATE BOARD OF EXAMINERS FOR CERTIFICATION OF WATER & WASTEWATER
TREATMENT PLANT OPERATORS & LABORATORY ANALYSTS

PO Box 13446, Macon, GA 31208

Phone (478) 207-2440 Fax (866) 888-8026 www.sos.ga.gov/plb/water

REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES

You have indicated that you may require an accommodation, under the American with Disabilities Act of 1990 as amended (Public Law 101-336), to take the examination and/or meet licensure requirements. In order for the Board to consider your request for accommodation, you must submit acceptable documentation of your disability and proposal for accommodation to the Board. The application and all requested disability accommodation material must be mailed to the above address and received by the Board by the application deadline, 45 days prior to the date of the examination.

Complete this form, provide a current statement of disability and a specific proposal for accommodation as it relates to your disability, and have the professional who documents your disability return this form to the Board office.

Please note that:

- Your documentation **must** be from a physician, mental health professional, or other professional with expertise directly related to your disability.
- The professional **must** have proper credentials to properly diagnose your disability.
- The professional's statement **must** be on the professional's letterhead, including the address and phone number of the professional.
- The specific proposal for accommodation **must** relate directly to your disability.

Please include any information regarding accommodation(s) for your disability that you may have received in the past.

Note: If you are reapplying to take the examination, have previously submitted the documentation and proposal for accommodation, **and** are requesting the same accommodations as on your previous application you will only need to complete and submit this form.

APPLICANT INFORMATION: (Please print or type)

NAME: _____, _____, _____
LAST FIRST MIDDLE

ADDRESS: _____
Number and Street City, State, Zip Code

DAY TIME TELEPHONE: (____) _____ - _____ SS# ____--____--____

LICENSE APPLIED FOR: _____

PROFESSIONAL SUBMITTING DOCUMENTATION OF DISABILITY INFORMATION:

NAME: _____, _____, _____
LAST FIRST MIDDLE

ADDRESS: _____
Number and Street City, State, Zip Code

DAY TIME TELEPHONE: (____) _____ - _____