

**IDAHO BOARD OF WATER AND WASTEWATER PROFESSIONALS
BUREAU OF OCCUPATIONAL LICENSES
1109 MAIN ST, SUITE 220
BOISE, IDAHO 83702
wwp@ibol.idaho.gov**

Exam Type: <input type="checkbox"/> Online Or <input type="checkbox"/> 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 **\$61.00** must be received before you will be scheduled for re-examination. FEES ARE NONREFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

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

SELECT THE TYPE AND CLASS EXAMINATION:

LICENSE TYPE: (Check One)

- Water Treatment Water Distribution Backflow Assembly Tester
 Wastewater Treatment Wastewater Collection Wastewater Laboratory

LICENSE CLASS: (Water or Wastewater Only – Check One)

- Operator in Training Very Small System Class I Class II Class III
 Class IV Lagoon Land Application

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

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

3. Mailing Address _____
(The above address is not public record) Street City State Zip

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

5. Social Security Number _____ - _____ - _____

ONLINE EXAMS

The board is now offering online exams. If you are interested in this option instead of a written exam, you may sign up on the following page. 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

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 _____