

NOTICE: The Department may take up to 10 business days from date of receipt to review and process application forms per NR114, Wis Adm. Code. Personally identifiable information will be used for program administration and made accessible to requesters under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. No personally identifiable information that is confidential is provided to requesters.

1) Print clearly or type exam applicant information in Section 1. **Fields in Section 1 that are bolded and underlined are required.** Name must exactly match photo ID for admission, fees are nonrefundable.

| | | | | | | |
|--------------------------|-----------------------------------|-------------------|---------|-------------------------|------------------------|-------------|
| First Name: | MI | Last Name: | Cert #: | Mailing Address: | | |
| Work Phone: | Email: | | | City: | State: | Zip: |
| Cell / Home Phone | Facility / Company Name (if any): | | | License #: | Employment Start Date: | |

2) Mark "X" next to the requested test site, date, and time. Exam sessions are 3 hours long.

| | | | | | |
|--------------------------------------|------------|-----|--------------------------------------|------------|-----|
| <input type="checkbox"/> La Crosse | 03/26/2024 | 9AM | <input type="checkbox"/> La Crosse | 03/26/2024 | 1PM |
| <input type="checkbox"/> Plover | 04/03/2024 | 9AM | <input type="checkbox"/> Plover | 04/03/2024 | 1PM |
| <input type="checkbox"/> Eau Claire | 04/04/2024 | 9AM | <input type="checkbox"/> Eau Claire | 04/04/2024 | 1PM |
| <input type="checkbox"/> Madison | 05/08/2024 | 9AM | <input type="checkbox"/> Madison | 05/08/2024 | 1PM |
| <input type="checkbox"/> Green Bay | 05/09/2024 | 9AM | <input type="checkbox"/> Green Bay | 05/09/2024 | 1PM |
| <input type="checkbox"/> Hayward | 06/05/2024 | 9AM | <input type="checkbox"/> Hayward | 06/05/2024 | 1PM |
| <input type="checkbox"/> Waukesha | 06/06/2024 | 9AM | <input type="checkbox"/> Waukesha | 06/06/2024 | 1PM |
| <input type="checkbox"/> Fennimore | 06/12/2024 | 9AM | <input type="checkbox"/> Fennimore | 06/12/2024 | 1PM |
| <input type="checkbox"/> Rhinelander | 07/09/2024 | 9AM | <input type="checkbox"/> Rhinelander | 07/09/2024 | 1PM |
| <input type="checkbox"/> Madison | 07/10/2024 | 9AM | <input type="checkbox"/> Madison | 07/10/2024 | 1PM |
| <input type="checkbox"/> Hayward | 08/13/2024 | 9AM | <input type="checkbox"/> Hayward | 08/13/2024 | 1PM |
| <input type="checkbox"/> Plover | 08/14/2024 | 9AM | <input type="checkbox"/> Plover | 08/14/2024 | 1PM |
| <input type="checkbox"/> Eau Claire | 09/11/2024 | 9AM | <input type="checkbox"/> Eau Claire | 09/11/2024 | 1PM |
| <input type="checkbox"/> Waukesha | 09/12/2024 | 9AM | <input type="checkbox"/> Waukesha | 09/12/2024 | 1PM |
| <input type="checkbox"/> Rhinelander | 10/02/2024 | 9AM | <input type="checkbox"/> Rhinelander | 10/02/2024 | 1PM |
| <input type="checkbox"/> Green Bay | 10/03/2024 | 9AM | <input type="checkbox"/> Green Bay | 10/03/2024 | 1PM |
| <input type="checkbox"/> Madison | 12/03/2024 | 9AM | <input type="checkbox"/> Madison | 12/03/2024 | 1PM |
| <input type="checkbox"/> Plover | 12/04/2024 | 9AM | <input type="checkbox"/> Plover | 12/04/2024 | 1PM |

Please continue filling out exam application information on pages 2 and 3.



3) Mark "X" next to the exam(s) you are requesting approval for. If applying for multiple exams over multiple exam sessions please write which exams you would like to take during each session.

| | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Certified Operator Grade L | \$100 | <input type="checkbox"/> Certified Operator Grade T | \$100 |
| <input type="checkbox"/> Master Operator Grade T | \$100 | <input type="checkbox"/> Master Operator Grade L | \$100 |
| <input type="checkbox"/> Master Operator Grade T, Master Operator Grade L | \$100 | | |

Note: if applying to take Master Operator Grade L you must take this exam bundle unless you have previously passed Master Operator Grade T.

4) List the Exam Application Fee for the requested exam(s). Please submit a check, money order, or cash for the total amount along with this completed application.

Total Amount Due:

5) Mail completed application with correct payment to:

***Make check payable to Wisconsin DNR.
Exam fees are non-refundable.***

**DEPARTMENT OF NATURAL RESOURCES
OPERATOR CERTIFICATION - EA/7
PO BOX 7921
MADISON, WI 53707-7921**

Exam applications must be postmarked no later than four weeks prior to the requested exam date.

You will receive a confirmation letter with exact location of exam site after your registration is processed.

Study guides are available online at <https://dnr.wisconsin.gov/topic/opcert/septage.html>. For questions please contact the Operator Certification Coordinator at 608-266-8948 or by email at DNROpCertSeptage@Wisconsin.gov.

Notice: Individuals are required to provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) to be used as specified below.

- 1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:**
 - Under § 29.024(2g)(a)Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
 - Under § 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
- 2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:**
 - Under §§ 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
 - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Legislative Reference Bureau.

- Visit their internet site at <http://legis.wi.gov/lrb> or
- If you do not have internet access, call (608) 266-0341.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any personal license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

| | | | | | |
|-----------|-------|----|---------------------------|--------------------|----------|
| Last Name | First | MI | Telephone Number | SSN For Individual | |
| Business | | | Business Telephone Number | FEIN For Business | |
| Address | | | City | State | ZIP Code |

Certification

I certify that information provided on the form is true and correct.

| | |
|---------------------|-------------|
| Applicant Signature | Date Signed |
|---------------------|-------------|

| Leave Blank – DNR Use Only | |
|---|---|
| License, Registration, Certification or Permit Type | License, Registration, Certification or Permit Number |