State of Wisconsin Department of Natural Resources PO Box 7921, Madison, WI 53707

Small Water System (OTM/NN) Operator Certification Exam Application

Form 3400-839 (R 11/24)

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 requestors under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.]. No personally identifiable information that is confidential is provided to requestors.

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

First Name:	MI Last Name	<u>):</u>	Cert #:	Mailing Address:								
Work Phone:	Email:			City:	State:	Zip:						
Cell / Home Phone	Facility / Company Name	(if any):			DNR Facility ID: Emplo	yment Start Date:						
Mark "X" next to the requested test site, date, and time. Exam sessions are 3 hourslong.												
Wisconsin Dells	01/08/2025	9AM			Morning Session Only							
Eau Claire	01/14/2025	9AM		Eau Claire	01/14/2025	1PM						
Plover	01/15/2025	9AM		Plover	01/15/2025	1PM						
Waukesha	01/16/2025	9AM		Waukesha	01/16/2025	1PM						
Fennimore	01/17/2025	9AM		Fennimore	01/17/2025	1PM						
Green Bay	03/25/2025	9AM		Green Bay	03/25/2025	1PM						
Rhinelander	03/26/2025	9AM		Rhinelander	03/26/2025	1PM						
La Crosse	03/27/2025	9AM		La Crosse	03/27/2025	1PM						
Madison	03/28/2025	9AM		Madison	03/28/2025	1PM						
Rice Lake	07/14/2025	9AM		Rice Lake	07/14/2025	1PM						
Plover	07/15/2025	9AM		Plover	07/15/2025	1PM						
Waukesha	07/16/2025	9AM		Waukesha	07/16/2025	1PM						
Fennimore	07/17/2025	9AM		Fennimore	07/17/2025	1PM						
Madison	10/10/2025	9AM		Madison	10/10/2025	1PM						
La Crosse	10/14/2025	9AM		La Crosse	10/14/2025	2PM						
Rhinelander	10/15/2025	9AM		Rhinelander	10/15/2025	1PM						
Green Bay	10/16/2025	9AM		Green Bay	10/16/2025	1PM						

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

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3) Mark "X" next to the exam you are requesting approva	l for.				
Small Water System-Water System General Operation	\$25				
4) List the Exam Application Fee for the requested exam total amount along with this completed application.	n. Please submit a check, money order, or case for the Total Amount Due:				
5) Mail completed application with correct payment to:	DEPARTMENT OF NATURAL RESOURCES				
Make check payable to Wisconsin DNR. Exam fees are non-refundable.	OPERATOR CERTIFICATION - EA/7 PO BOX 7921 MADISON, WI 53707-7921				
6) Diploma Certification I certify that I have a high school	ol diploma or a general equivalency diploma.*				
Signature	Date				
* Per NR114, a high school diploma or GED is a requirement for ce December 1, 2000 can be substituted for the diploma requiremen	, , , , , , , , , , , , , , , , , , , ,				

<u>Exam applications must be postmarked no later than four weeks prior to the requested exam date.</u> 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/smallWater.html. For questions please contact the Operator Certification Hotline at 608-261-6300 or by email at DNROpCert@Wisconsin.gov.

State of Wisconsin Department of Natural Resources (DNR) PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Social Security Number / FEIN Collection Request

Form 9400-568 (R 5/14)

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.

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Applicant Information								
Last Name	First	MI	Telephone Number	SSN For Individual				
Business			Business Telephone Number F		FEIN F	EIN For Business		
Address			City		Sta	tate	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 of	r Permit Type	L	License, Registration, Certification or Permit Number					
License, Registration, Certification or Permit Type License, Registration, Certification or Permit Number								