WASTEWATER/PRETREATMENT SPECIALIST REQUEST FORM

Submit in person or by mail to:

The University of Texas at Arlington Division for Enterprise Development 140 W. Mitchell, Arlington, TX 76019 M: 817-272-2581 | F: 817-272-2556 eti@uta.edu

Status of Processing: Certificate request forms will be processed within ten business days of receipt. If you do not receive a receipt of confirmation within this time frame, con-tact our office. All certification credentials will be shipped via FedEx with signature release unless otherwise requested.

Application Information:

Recipients will be provided with both a hard and an electronic certificate of their certification after completion.

If you have not completed your certification requirements: Students applying for their certification prior to completing all requirements will be presented with their certification in their final class. Certificate request forms must be submitted no later than close of business on Monday the week prior to your course and no earlier than four weeks. All coursework must be completed other than the final class before application submittal. If the student reschedules their last class,

they are responsible for notifying our office and paying a \$25 rescheduling fee.

If you have completed all of your certification requirements: Credentials will be sent to the address provided on

Student Information:	Note: Enter name as it will appear on certification credentials							
Last Name	First Name		MI	Date of Request				
Mailing Address		City	State	Zip				
Phone Number	Email Address							
☐ I would like to b	e included in the UT Arlir	ngton Environr	nental Training Institu	ute's monthly electronic newslette				
Certification Req	uirements:							
• •	se completion certificate ngton's Environmental Tr	•	•	work not completed				

Required Courses (4):

- ☐ WTR 301 Intro to Water & Wastewater Regulations
- ☐ WTR 305 Wastewater Pretreatment, Strategies, & Controls

AIR QUALITY COMPLIANCE CERTIFICATE REQUEST FORM

Item	Unit Price	Quantity	Price	Office Use Only		
Application Fee	\$75	1	\$75	Office Use Only		
Includes paper and PDF certifica	te			Course Number: _		
				Dates: _		
Total:				Location _		
Shipping Information:						
ast Name I	First Name	e MI		Date of Request		
Mailing Address Note: Cannot be P.O. Box	City	City Sta		State Zip		
Phone Number		Email Add	dress			
Payment Information: Charge to: Visa	☐ Master Card	☐ Disc	over	☐ American Express		
Card Number			•	Expiration Date		
Name on Card						
Authorized Signature						
		a Haa Ook				
	<u>Offic</u>	e Use Only	L			
Date Received: _	Offic Received B		<u></u>	Verified y: _		
Date Received: _ Payment Taken By: _		y:	<u>/</u> th./Chec			
		y: Au		k #: _		