



Plant Maintenance Technologist Certification Application

SECTION I: Identification and Contact Information (Please type or print)			
First Name:	MI:	Last Name:	
Mailing Address (number and street):			
City:	State:	Zip:	Country (if outside the U.S.):
Work telephone number		Home or cell number:	
FAX number:		Email:	
Birthday (day/month/year): ____/____/____		Social Security Number (last four digits only): *	
*For U.S. citizens/residents only. If outside the U.S., provide the last 4 digits of your government issued national identification number in the space provided.			
SECTION II: Application Type and Class Level			
Application Type (check one):		Application Class Level (check one):	
<input type="checkbox"/> Examination <input type="checkbox"/> In-Training fulfillment		<input type="checkbox"/> In-Training <input type="checkbox"/> Class I <input type="checkbox"/> Class II	
SECTION III: Current Level of Certification. If you are currently certified in Plant Maintenance, submit a copy of your current certificate and complete the following.			
Are you currently certified in plant maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type and level of certification:			
Certificate Number:		Expiration Date:	
Name of Certifying Agency:			
SECTION IV: Education. Check your highest level of education. Provide a copy of your diploma verifying the highest level of education obtained.			
<input type="checkbox"/> High School Diploma		<input type="checkbox"/> Associates Degree (2 year degree)	
<input type="checkbox"/> GED or Equivalent		<input type="checkbox"/> BA/BS Degree (4 year degree)	
<input type="checkbox"/> Some College (no degree earned)		<input type="checkbox"/> Graduate Degree	
SECTION V: Current Employment.			
Company/Treatment Facility Name:			
Mailing Address (number and street):			
City:	State:	Zip:	Country (if outside the U.S.):
Work Telephone Number:		Work FAX number:	

(Application continued on next page)

Supervisor's Name:		Supervisor's Telephone Number:	
Current Job Title:	Start/End Date:	Hours per week:	
Job Duties: If available, attach a copy of your job description, otherwise, provide a description of your primary job duties in the space below:			
SECTION VI: Verification of Employment. To be completed by supervisor or human resources.			
I, _____ acknowledge that the dates of employment and job duties as described above are the primary job duties for _____. I am responsible for the supervision and/or hiring of this individual and am aware of his daily job duties.			
_____		_____	
<i>Supervisor's/HR Title</i>		<i>Telephone No.</i>	
_____		_____	
<i>Supervisor's/HR Signature</i>		<i>Date</i>	
SECTION VII: Employment History. List other applicable job experience in plant maintenance in a water or wastewater system.			
Company/Treatment Facility Name:			
Mailing Address (number and street):			
City:	State:	Zip:	Country (if outside the U.S.):
Work Telephone Number:		Work FAX number:	
Supervisor's Name:		Supervisor's Telephone Number:	
Current Job Title:	Start/End Date:	Hours per week:	
Job Duties: If available, attach a copy of your job description, otherwise, provide a description of your primary job duties in the space below: <i>(continued on next page)</i>			



Copy this page if additional space is needed to report employment history.			
Company/Treatment Facility Name:			
Mailing Address (number and street):			
City:	State:	Zip:	Country (if outside the U.S.):
Work Telephone Number:		Work FAX number:	
Supervisor's Name:		Supervisor's Telephone Number:	
Current Job Title:	Start/End Date:	Hours per week:	
Job Duties: If available, attach a copy of your job description, otherwise, provide a description of your primary job duties in the space below:			
<p>SECTION VIII: Acknowledgment</p> <p>I, the undersigned, certify that I am the above applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility for certification or revocation of any certificate granted. I understand that the enclosed fee is nonrefundable and that an additional processing fee may be charged if the application is completed incorrectly or is unreadable. Further, should I have received the certification under false circumstances; I will immediately surrender the certificate to ABC. I also consent to a thorough investigation of my application for the purpose of verification of my qualifications for certification. I also understand that by signing below I give ABC the authority to use and report this information and my test results. I waive all claims and agree to indemnify and hold harmless ABC for any action taken pursuant to the rules and standards of ABC with regard to my application, the ABC examination(s) and/or my certification except claims based on gross negligence or lack of good faith.</p>			
Signature of Applicant _____		Date _____	



General Instructions

1. Please read and follow all instructions carefully. **Complete all sections** fully and accurately.
2. The application review fee is \$120.00. If you are required to take an exam, additional proctoring fees will be assessed by the proctor. **ALL FEES ARE NONREFUNDABLE.**
3. Make check or money order payable to: Association of Boards of Certification
4. You must take ABC's exam and meet the following certification standards. ABC has a sequential entry requirement which means you must begin with the Class I.
5. You must complete a separate application for each type of certificate you wish to receive.
6. All ABC certificates are valid for two years. After two years, you may renew your certificate by paying \$110.00 and submitting documentation showing you have taken .8 CEUs (8 contact hours) for class I & II.
7. Please allow 4 weeks for processing before calling to check on the status of your application.
8. Mail completed application to: ABC • 208 Fifth Street, Ste. 201 • Ames, Iowa • 50010-6259 • Phone (515) 232-3623.

Technologist Education, Experience, and Certification Requirements

The education, experience, and certification requirements for plant maintenance technologists are:

Class I

- High school diploma, GED, or equivalent; and
- One year of acceptable maintenance experience in a water or wastewater system. Acceptable maintenance experience for Class I includes lubricating, performing readings, conducting rounds, and performing routine preventive maintenance.
- No substitution of education for experience shall be permitted.

Class II

- High school diploma, GED, or equivalent; and
- Three years of acceptable maintenance experience in a water or wastewater system with a minimum of two years performing Class II duties. Acceptable maintenance experience for Class II includes tearing down equipment, performing repairs, installing and reinstalling; and
- Hold an active Class I plant maintenance technologist certificate.
- Substitution of education for experience shall be permitted but shall not exceed fifty percent of the stated maintenance experience requirement.

Related Experience

- Related experience shall be accepted at each class level but shall not exceed fifty percent of the stated maintenance experience requirement.

Certification Exams

- A certification exam is required for each level of certification. ABC exams are computerized. If your application is approved, arrangements will be made with Applied Measurement Professionals (AMP) to administer the certification exam to you. AMP charges a proctoring fee of approximately \$60.00 in the U.S. and \$120.00 outside the U.S. These fees are subject to change without notice.
- Paper and pencil exams may be available in some locations. Please inquire about the availability of this option if needed.



Certification Exams (cont.)

- Information about topics covered on the exam as well as exam reference material is available on ABC's website at http://www.abccert.org/testing_services/certification_study_resources.asp.
- If you require special accommodation due to a disability that may impair your ability to take the examination, ABC will endeavor to meet those special needs. You are responsible for submitting the Request for Accommodation Form with this application and providing documentation of the need for a special accommodation. A letter from a physician or a medical specialist knowledgeable of your disability must accompany the completed application. Please contact ABC to request a copy of the Request for Accommodation Form.

Nondiscrimination

It is the policy of ABC that it shall not discriminate among applicants as to age, sex, race, religion, national origin, disability, sexual orientation or marital status.

Application Checklist

Follow the instructions below and use the checklist to help insure that your application is complete before submitting it to ABC. Complete all sections of the application accurately and completely and provide all requested documents. Failure to do so will result in a delay of processing your application. Please allow 4 weeks before contacting ABC about the status of your application.

1.	Application Review Fee-Submit a check or money order for of US \$120.00 made payable to the Association of Boards of Certification.	5.	Indicate your level of education. Provide a copy of your high school diploma or GED or post high school degree. A transcript of your post high school education must also be included if substituting education for experience.
2.	Provide all identification and contact information.	6.	Provide information about your current job duties. Be sure to obtain the required signature verifying your employment (Section VI).
3.	Review certification requirements and select the type and level of certification for which you wish to apply.	7.	Provide information about other positions you have held that would be applicable to meeting the work experience certification requirements.
4.	If applicable, indicate your current level of certification. Be sure to include a copy of your certification with your application material.	8.	Sign and date the acknowledgment on the back page of the application (Section VIII).

Return completed application to:

ABC
 Attn: Plant Maintenance Technologist Certification Application
 208 5th Street, Suite 201
 Ames, IA 50010-6259

