



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 <input type="checkbox"/> Class III	
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. Copy of high school diploma, GED or equivalent required. Also check highest level of education received, and provide a copy of your diplomas verifying each level of education.			
<input type="checkbox"/> High School Diploma *Required or <input type="checkbox"/> GED or Equivalent <input type="checkbox"/> Some College (no degree earned)		<input type="checkbox"/> Associates Degree (2 year degree) <input type="checkbox"/> BA/BS Degree (4 year degree) <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 _____	



1. Please read and follow all instructions carefully and **complete all sections** fully and accurately.
2. Application review fee is \$120.00. **All fees are non-refundable.** Make check or money order payable to: Association of Boards of Certification.
3. In most situations, an examination is required. Additional proctoring fees will be assessed by the proctor. If you have completed an ABC Standardized Examination in the past 4 years, you may seek recognition of your results by submitting details of the exam administration (date, location, etc.) and documentation of your score with your application.
4. If you are not currently certified, you must meet the listed certification standards in order to take an ABC exam. You must begin with the Class I Exam and advance in sequence.
5. If you are currently certified, you may earn an ABC certification comparable to your existing certification by:
 - Submitting documentation that verifies your existing certification is active and in good standing;
 - Referencing the Certification Matrix and applying "by Reciprocity" for the indicated ABC certification;
 - Submitting documentation that demonstrates you meet the eligibility criteria of the desired certification; and
 - Passing the corresponding current standardized examination.
6. You must complete a separate application for each type of certification you wish to receive.
7. If after 4 weeks you have not received an update on your application, call us at 515.232.3623.
8. Mail completed application to: ABC • 9400 Plum Drive, Suite 160 • Urbandale, Iowa • 50322 OR certification@abccert.org

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.

Class III

- High school diploma, GED, or equivalent; and
- Five years of acceptable maintenance experience in a water or wastewater system with a minimum of two years performing Class III duties.
- Hold an active Class II plant maintenance technologist certificate.
- Substitution of education for experience shall be permitted 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 \$67.00 in the U.S., \$95 in Canada, and \$153.00 outside the U.S./Canada. 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 and previous exam results with your application material.	8.	Sign and date the acknowledgment on the back page of the application (Section VIII).

Return completed application to:

ABC

9400 Plum Drive, Suite 160 • Urbandale, Iowa • 50322

