

# Operator Certification Exam Registration Form

**November 4, 2020 - Exton, PA**

*Deadline to Register: September 23, 2020\**

*\*Unless all seats are filled prior to deadline.*

**Tester's Information**

Full Name: (Please Print) \_\_\_\_\_

(ONE registration form per person. Photocopy this registration if registering multiple individuals)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

PA DEP Client ID #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## EXAM Registration Payment

PRWA Member: **\$95.00**

Non-Member: **\$125.00**

**Payment is REQUIRED with Registration**

***This cost does not include any additional charges billed by DEP.***

**Exam Information:**  
November 4, 2020 at 8:00 a.m.

Registration: 7:30 a.m.

*Clarion Hotel at Exton  
815 N. Pottstown Pike  
Exton, PA 19341*

Company/System: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT:

Check (payable to PRWA)

Credit Card:  Am Ex  Discover  Visa  MasterCard

Card Number: \_\_\_\_\_

Exp Date (mm/yy): \_\_\_\_\_ CVC (3 or 4 Digits on card) \_\_\_\_\_

Card Billing Zipcode: \_\_\_\_\_

Name On Card (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature shown on card*

**Amount Due:**

\$ \_\_\_\_\_

*Email is inherently insecure. Credit card information should not be emailed or sent in an attachment.*

**TO REGISTER: Return both PRWA & DEP Registration form to PRWA**

**Email: certexam@prwa.com Fax: (814) 353-9341 Mail: 138 W. Bishop St., Bellefonte PA 16823**