

**Mississippi State Department of Health
Bureau of Public Water Supply
Computer-Based Examination Registration Form**

Complete all fields of the registration form by typing or printing legibly. The **red** asterisk [*] indicates a required field. Do not enter a nickname. The name entered on the registration card will be name provided to the exam administrator. If the name on the identification does not match the name provided to the administrator, examinee will not be allowed to enter the testing facility nor will he/she be allowed to take the examination. Your exam status will be coded as absent. It is important that you read the Computer-Based Examination Handbook prior to scheduling your examination.

Check the appropriate box(es) below to register for the Computer-Based Examination:

- ☐ Initial Computer-Based Exam Request
☐ Re-take Computer-Based Exam Request
***Check one** ☐ 2nd Attempt ☐ 3rd Attempt
☐ Certification Upgrade Exam Request

*First Name	*M. I.	*Last Name	*Date of Birth	*Last 4-Digits SS#
Mailing Address (include St., Dr., & Apt#, etc.)			City	State Zip Code
*Work Telephone Number	*Home Telephone Number			
*Email Address. Enter ONE valid email address. Registration and testing information will be electronically sent				
PWS ID# - Name of Public Water System			Classification of Water System <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
Class Examination (Check Appropriate Box) <input type="checkbox"/> MSWTREATA <input type="checkbox"/> MSWTREATA B <input type="checkbox"/> MSWTREATA C <input type="checkbox"/> MSWTREATA D				
Signature			Date	

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