

2021 MsRWA Water Certification Short Course Packet



Water Short Course

September 20/23 – “D” Class Only – Limit 50

**Richland Community Center
410 East Harper Street – (Directly behind Walmart on HWY 49)
Richland, MS 39218**

September 27/30 – “B/C” Class Only – Limit 30

**Mississippi Rural Water Association
5400 N Midway Road
Raymond, MS 39154**

October 4/7 - “D” Class Only – Limit 50

**Bancorp South Arena
375 E Main Street
Tupelo, MS 38804**

October 18/21 - “B/C” Class Only – Limit 30

**Mississippi Rural Water Association
5400 N Midway Road
Raymond, MS 39154**

**Mississippi Rural Water Association
5400 N Midway Road
Raymond, MS 39154
PH: 601.857.2433 FAX: 601.857.2434
Email: msrwa@msrwa.org
Website: msrwa.org**

Dear System and/or Operator,

The MsRWA will host a new kind of Water Operator Certification Short Course. These classes will be taught by the Mississippi Rural Water Association.

Dates and locations are listed on cover page.

There will not be any CEU classes at these events. The Water Short Course will begin on Monday at 7:30 with Registration. Classes will begin at 8:00 AM – Monday – Thursday. Test will **NOT** be given at the short course. Test will be scheduled at the testing centers around the state. Preregistration is required for these classes.

Enclosed is the registration form for testing and attending the class.

Not required to be vaccinated to attend. We will take the necessary precautions such as social distancing, hand sanitizers and mask. If you need any additional information, please feel free to contact our office at 601.857.2433. You can also visit our website at www.msrrwa.org

We hope to see you there. If any of the MsRWA team can be of assistance to you, please feel free to give us a call. During the week of the short course if the staff or I can assist you in anyway, please do not hesitate to ask. We are here for you.

Sincerely,
Kirby Mayfield
CEO, MsRWA

**MsRWA Water Certification Short Course
Registration Deadline: One Week Prior to Class Start Date**

Registration Form

**Photocopy for each Registrant - Please Print or Type and Fill in ALL Blanks
Please use your legal name as will be on certification license.
Must have a working email address.**

Legal First Name: _____ Legal Last Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

System/Company: _____

Water Certification Class

Which date will you attend:

_____ Sept 20/23- Richland _____ Sept 27/30 – Raymond
_____ Oct 4/7 – Tupelo _____ Oct 18/21 - Raymond

Which class of Water Certification will you attend? Circle One: **A B C D**

Water Certification Class Registration Member Rate: \$250.00 Per Person \$ _____

Water Certification Class Registration Non Member Rate: \$325.00 Per Person \$ _____

(Includes Individual Membership for 1 (One) Year) **If the system you are employed with
is a member of MsRWA then all employees are members, be sure to check.**

Testing Fee: \$102.00 – \$ _____

If you would like a manual, it can be downloaded from www.msdh.ms.gov or \$ _____
Purchase for \$45.00 Includes Shipping

MsRWA Scholarship Donation: \$ _____

Total Check Amount to Submit: \$ _____

There will be no refunds on registration,
however exchange of the attendee is allowed before deadline date.

There will be no on-site registration.

All registrations & test must be made and paid for by the deadline.

Mail check payable to: MsRWA, 5400 N Midway Rd, Raymond, MS 39154
If you need additional info, please call 601.857.2433. FAX: 601.857.2434

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

Complete all fields of the registration form. A red asterisk [*] indicates a required field. Do not enter a nickname. The name you enter on the registration card will be name provided to the examiner. If the name on your identification does not match the name provided to the examiner, you will not be allowed to enter the testing facility, nor will you be allowed to take the examination.

First Name	M. I.	Last Name	*Date of Birth	*Last 4-Digits SS#
Mailing Address (include St., Dr., & Apt#, etc.)		City	State	Zip Code
Primary No. <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home () -		Alternate No. <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home () -		
*Email Address Enter <u>ONE</u> valid email address. Registration and testing information will be electronically sent.				
Name of Public Water System			PWS ID#	
Class Examination (Check Appropriate Box) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D		Class of Water System (Check Appropriate Box) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D		
Signature			Date	

Revised 07/07/2021

**This form must be filled out and returned
with your paid registration.**