

# Portable Sanitation Association International Certification Exam Registration



COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
CITY PROVINCE / STATE ZIP / POSTAL CODE

\_\_\_\_\_ EMAIL: \_\_\_\_\_  
COUNTRY

## QUALIFICATIONS AND FEES

- Qualifications - complete page 2
- Member fee: \$25.00
- Nonmember fee: \$33.00

Check if needed:  Verbal Test

Preregistration is required to guarantee participation. Please return this form 14 days prior to your desired test date. Type or print information neatly with black or blue ink. If extra copies are needed, this form may be reproduced. Fill out the registration form with care. If the registration form is incorrect or unclear, your test registration may be delayed or denied. Questions or comments can be directed to the PSAI office via email, fax or phone as listed below.

**SPECIAL NEEDS:** Special needs or assistance can include verbal testing, reading comprehension help, key notes required due to reading disability i.e., dyslexia, etc. The PSAI must be aware of these needs in order to grant assistance. If you have any special needs or require any special assistance, please indicate them below:

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Check enclosed or charge to:  Visa  MasterCard  Amex Total: \_\_\_\_\_

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

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

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Registration can be submitted by:  
Email: [info@psai.org](mailto:info@psai.org) • Fax: 952-854-7560  
Surface mail: PSAI, 2626 E 82nd Street - Suite 175, Bloomington, MN 55425 USA

# Portable Sanitation Association International Certification Exam Registration Page 2



## QUALIFICATIONS FOR EXAMINATION

**Part A: Experience as a portable sanitation worker. (If less than one year, certificate will be held until the one-year anniversary date of employment.)**

CURRENT EMPLOYER: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

If less than one (1) year experience in the portable sanitation field with current employer, complete this section. Use additional paper if needed.

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

EMPLOYMENT DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**Part B: Disposal Site Information: Name, address and phone number of the primary disposal site in your area of operation.**

DISPOSAL SITE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

**Part C: References: Provide the name and address of two (2) people who are able to attest to your experience in the Portable Sanitation Industry**

### REFERENCE 1:

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

### REFERENCE 2:

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_