



## Portable Sanitation Association International

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**Prep Course & Exam Date:** January 31, 2018

**Event Sponsor:** Onsite Wastewater Professionals of Illinois

**Location:** Gateway Convention Center in Collinsville, IL  
1 Gateway Drive, Collinsville, IL 62234

**Time:** Prep course: 8:00 AM – 12:00 PM  
Exam: 1:00 PM

**Prep Course/Certification Exam Registration Fees:**

**PER PERSON:**  
**Member Price:** \$75 (prep course) + \$25 (Certification Exam) + \$10 (State of Illinois Processing Fee) = **\$110.00**

**Non-Member Price:** \$98 (prep course) + \$33 (Certification Exam) + \$10 (State of Illinois Processing Fee) = **\$141.00**

**In the State of Illinois, Portable Sanitation Technicians MUST take both the Prep Course and pass the Certification Exam.**

The State of Illinois will recognize 4 hours of continuing education for licensed Pumpers who attend the Prep Course. The exam is optional for licensed Pumpers.

Pre-registration is required to guarantee participation. Please return this form **by January 19**. Questions or comments can be directed to the PSAI Office via email, fax or phone as listed below.

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

\_\_\_\_\_ Email: \_\_\_\_\_

Names of Employees Attending: (Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All Employees taking the Prep Course/Certification Exam MUST fill out Part A and Part B prior to January 19, 2018 and return the form to the PSAI Office.**



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**PART A:** Qualifications for Exam: 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 Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**PART B:** References: Name and address of two (2) people who are able to attest to my experience in the Portable Restroom Industry.

**Reference 1:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_



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**Payment MUST be attached to allow participation.**

Total Number of Member Employees Attending \_\_\_\_\_ x \$110 = \_\_\_\_\_

Total Number of Non-Member Employees Attending \_\_\_\_\_ x \$141 = \_\_\_\_\_

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

**PAYMENT**

Check enclosed or charge total amount:     Visa     MasterCard     American Express

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

Cardholder Email: \_\_\_\_\_

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

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

Return forms and payment to [info@psai.org](mailto:info@psai.org) or via fax at 952-854-7560