

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: \$35.00

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:

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 • Fax: 952-854-7560
Surface mail: PSAI, 2626 E 82nd Street - Suite 175, Bloomington, MN 55425 USA

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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 _____