***Urgent Exam Request Form***

**Chapters NR 114 and NR 146, Wis. Adm. Code**

\*This is an urgent request to take an exam outside of a scheduledexamperiod.

1. **Examinee Name:**
2. **Operator Certification or License #:**
3. **Urgent Need or Reason to Take Exam:**

**\*\*The following are examples of an urgent need: utility, facility or organization would result in noncompliance or violations without the exam(s); utility, facility or organization would be unable to fill a position without the exam(s); OR passing an exam is needed to accept, begin or maintain a job. \*\***

1. **Examinee’s Preferred Testing Location—please circle only one of the following state regions:**
	1. **Southeast**
	2. **South Central**
	3. **West Central**
	4. **Northern**
	5. **Northeast**
2. **Exam(s) Needed:**
3. **Name of Utility, Facility or Organization Where Employed (if applicable):**
4. **Direct Supervisor’s Contact Information – name, phone, and email required (if applicable):**

**Please send a copy of this form either via:**

1. **email (DNROpCert@wisconsin.gov) with this form completed and attached; OR**
2. **post mail to: WI DNR**

 **PO Box 7921, EA/7
 Madison WI 53707–7921**