

APPLICATION FOR WATER OR WASTEWATER TREATMENT PLANT OPERATOR LICENSE

Water & Wastewater Operator Certification	
Reviewed by:	

Please read instructions before completing the application.

Complete each question, copy and mail to the Department with appropriate documents and fee.

Please type or print all information legibly.

1. TYPE OF LICENSE REQUESTED: Water Wastewater Class B ☐ Class C ☐ Class D Please specify the license class for which you are applying Class A DO NOT WRITE IN THIS SPACE 2. APPLICANT PROFILE DATA: Please type or print in black ink. FOR DEPARTMENT USE ONLY ORG.CODE/E.O./FUND 37352030000/86/780001 Name Last First Middle Class A, B, & C License Receipt #: Payment #: 001078 - Application Fee \$ 50.00 002190 - License Fee \$ 50.00 Total \$ 100.00 Class D License Mailing Apt. No./Inmate Number Receipt #: Payment #: Number and Street 001078 - Application Fee \$ 25.00 Address 002190 - License Fee \$ 25.00 Total \$ 50.00 Ward of the State City County Zip Receipt #: Payment #: State 001078 - Application Fee \$ 10.00 002190 - License Fee \$ 10.00 Permanent C/O or Institution Number and Street City/State/Zip Total \$20.00 Address Business Telephone: Home Telephone: *Social Security Number: 3. EQUAL OPPORTUNITY DATA We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. SEX: Male Female RACE: Caucasian Black ☐ Hispanic Asian Native American Other Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? If yes, list the name(s) and date(s) of change below: Date of Birth: ____/___ Yes 4. CURRENT LEVEL OF LICENSURE (Circle One) Water A B C D License Number: Years held State Wastewater License Number: Years held State 5. EXAMINATION VERIFICATION Examination Type and Class: **Examination Date:** Note: The date of completion of the successful examination must be no more than 4 years prior to the certification application. *Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996.

6. EMPL	6. EMPLOYMENT EXPERIENCE VERIFICATION - CURRENT EMPLOYMENT					
List all additional experience. Copy and use as many sheets as necessary.						
Name	Plant Name	Plant Type: (check one)				
	Street and Number Plant Telephone Number					
Mailing Address	City State Zip	Drinking Water PWS ID#:				
Address	City State Zap	Wastewater Permit #:				
A. Date of	employment: From / / To _ / / B. Number of h	nours worked per week (without overtime):				
		+ Overtime hours = (total hours)				
I, the direct supervisor or lead operator of do confirm that the treatment plant operation experience listed						
here conform	ns to the definition and intent of actual plant operational experience, and the ap	oplicant's duties were performed in a satisfactory manner.				
Supervisors	Name: Supervisors Signature:	Date:				
Title:	License Number	Expiration Date:				
	NOTE: 52 Weeks = One year, times total nur					
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7. EMPL	OYMENT EXPERIENCE VERIFICATION - PAST EMPLOYME	ENT				
	List all additional experience. Copy and use as mar	ny sheets as necessary.				
Name	Street and Number Plant Telephone Number	Plant Type: (check one)				
Mailing	Street and Number Plant Telephone Number ()	Drinking Water PWS ID#:				
Address	City State Zip	☐ Wastewater Permit #:				
A D : C						
		nours worked per week (without overtime): + Overtime hours - (total hours)				
C. Total nu	mber of weeks worked (in A above) D. Multiply B by C:	+ Overtime hours = (total hours)				
I, the direct supervisor or lead operator of do confirm that the treatment plant operation experience listed						
here conform	ns to the definition and intent of actual plant operational experience, and the ap	oplicant's duties were performed in a satisfactory manner.				
		_				
Supervisors	Name: Supervisors Signature:	Date:				
Title:	License Number:	Expiration Date:				
	NOTE: 52 Weeks = One year, times total nur	mber of years.				
8. ADDI	TIONAL EMPLOYMENT EXPERIENCE VERIFICATION					
	List all additional experience. Copy and use as many Plant Name	sheets as necessary.				
Name	Street and Number Plant Telephone Number	Plant Type: (check one)				
Mailing	()	☐ Drinking Water PWS ID#:				
Address	City State Zip	☐ Wastewater Permit #:				
A. Date of 6	l employment: From <u>/ /</u> To <u>/ /</u> B. Number of h	nours worked per week (without overtime):				
C. Total number of weeks worked (in A above) D. Multiply B by C: + Overtime hours = (total hours)						
I, the direct supervisor or lead operator of do confirm that the treatment plant operation experience listed						
here conforms to the definition and intent of actual plant operational experience, and the applicant's duties were performed in a satisfactory manner.						
Supervisors	Name: Supervisors Signature:	Date:				
Title: License Number: Expiration Date:						
NOTE: 52 Weeks = One year, times total number of years.						

9. ADDITI	<u>ONAL EMPLOYMENT EXI</u>	PERIENCE VERIFICATION				
	List a	ll additional experience. Copy and use as many	sheets as necessary.			
Plant Name		Plant Type: (check one)				
Name	Street and Number	Plant Telephone Number	Frant Type: (check one)			
Mailing		()	☐ Drinking Water PWS ID#:			
Address	City	State Zip	—			
			wastewater remit#:			
A. Date of employment: From/ _ To/ _ B. Number of hours worked per week (without overtime):						
C. Total numb	per of weeks worked (in A above)	D. Multiply B by C:	+ Overtime hours = (total hours)			
I the direct sur	pervisor or lead operator of		do confirm that the treatment plant operation experience listed			
i, the direct sup		Applicant Name	do commit that the treatment plant operation experience instea			
here conforms	to the definition and intent of actu	al plant operational experience, and the ap	oplicant's duties were performed in a satisfactory manner.			
C N		San amira na Sian ataun	Deter			
Supervisors Na	e.	Supervisors Signature:	Date:			
Title:		License Number:	Expiration Date:			
·		NOTE: 52 Weeks = One year, times total nur				
10. PEER LE	TTER	<u> </u>	<u> </u>			
		d above is not verified by a certified op	perator with the State of Florida, the applicant must			
	er reference letter as specified in	n rule 62-602.420(2)(d)				
	ATION VERIFICATION		vledge and belief. I understand that falsification of			
eligibility for	licensure.	plement my application to reflect any	material change in circumstances, which may affect my			
Signature of Applicant Date Signed:						
		PLEASE NO	<u>TE</u>			
Before you mail your application: Please be sure you have completed the application in its entirety. Attach all required supporting documentation. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount (\$100.00 for class A, B, or C, \$50.00 for a class D, and \$20.00 for Wards of the State). Send Application to:						
		Department of Environmental Pi	rotection			
Post Office Box 3070						
Tallahassee, Florida 32315						
For Staff Use Only						
Comments:						

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