



**6. EDUCATION**

Do you have a high school diploma or GED Certificate?  Yes  No **If yes, please attach a copy of the diploma or certificate.**  
**Note:** A high school diploma or equivalent is a prerequisite for being eligible for examination and licensure.

**7. TRAINING INFORMATION**

**I have completed the required DEP APPROVED COURSE.**  Resident  Correspondence

Course Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Please attach a copy of the certificate of completion. **Note:** The course must correspond to the licensure type and level required. Distribution 1, 2, 3 or 4 and must have been successfully completed no more than five years before the application deadline.

**8. APPLICATION VERIFICATION**

I verify that the information given above is correct and true to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any license I may hold. Further, I understand that it is my responsibility to supplement my application to reflect any material change in circumstances which may affect my eligibility for licensure.

Signature of Applicant \_\_\_\_\_ Date Signed: \_\_\_\_\_

***PLEASE NOTE***

Before you mail your application: Please be sure you have completed the application in its entirety. Attach all required certificates, supporting documentation, and two photographs. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount:

**\$75.00 for Level 1, 2, 3 or 4**  
**\$20.00 for Wards of the State.**

Send Application to:

**Department of Environmental Protection**  
**Post Office Box 3070**  
**Tallahassee, Florida 32315**

You will be notified of any deficiency in your application. Please do not call the office. **Failure to submit a completed application no later than 90 days before examination date will cause the applicant to be scheduled for the next available examination date.**

**For Staff Use Only**

Comments: \_\_\_\_\_  
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