

6. EMPLOYMENT EXPERIENCE VERIFICATION - CURRENT EMPLOYMENT

List all additional experience. Copy and use as many sheets as necessary.

Name Mailing Address	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant Telephone Number ()
	City		State Zip

A. Date of employment: From ___ / ___ / ___ To ___ / ___ / ___ B. Number of hours 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.

Applicant Name

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

7. EMPLOYMENT EXPERIENCE VERIFICATION - PAST EMPLOYMENT

List all additional experience. Copy and use as many sheets as necessary.

Name Mailing Address	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant Telephone Number ()
	City		State Zip

A. Date of employment: From ___ / ___ / ___ To ___ / ___ / ___ B. Number of hours 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.

Applicant Name

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

8. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION

List all additional experience. Copy and use as many sheets as necessary.

Name Mailing Address	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant Telephone Number ()
	City		State Zip

A. Date of employment: From ___ / ___ / ___ To ___ / ___ / ___ B. Number of hours 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.

Applicant Name

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

9. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION

List all additional experience. Copy and use as many sheets as necessary.

Name Mailing Address	Plant Name	Plant Telephone Number		Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____
	Street and Number	()		
	City	State	Zip	

A. Date of employment: From ___ / ___ / ___ To ___ / ___ / ___ B. Number of hours 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.

10. PEER LETTER

If the experience required for licensure listed above is not verified by a certified operator with the State of Florida, the applicant must provide a peer reference letter as specified in rule 62-602.420(2)(d)

11. 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 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 Protection
 Post Office Box 3070
 Tallahassee, Florida 32315**

For Staff Use Only

Comments: _____

