APPLICATION FOR WATER DISTRIBUTION OPERATOR LICENSE

This application is for licensure only not for examination

1. TYPE OF LICENSE REQUESTED

Please complete each question and type or print all information legibly and in black or blue ink.

(ALL SECTIONS 1 thru 4 MUST BE COMPLETED IN FULL)

Please specify the type and class of license for which you are applying:

☐ **Water Distribution**

☐ **Level 1** ☐ **Level 2** ☐ **Level 3** ☐ **Level 4**

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ORG.CODE/E.O./FUND
37352030000/86/780001

Level 1, 2, 3 & 4 License	**Receipt #:**	**Payment #:**
001078 - Application Fee $25.00	_____	_____
002190 - License Fee $25.00	_____	_____

Total $50.00

2. APPLICANT PROFILE DATA:

Name: _____
Last **First** **Middle**

Mailing Address: _____
Number **Street** **Apt. No**

_____
City **State** **Zip**

*Social Security Number: _____ - _____ - _____

Date of Birth: _____/_____/_____

Email Address: _____

Between the hours of 8:00am and 5:00pm what is your primary daytime phone number?

Primary telephone: (_____) _____ - _____

Secondary telephone: (_____) _____ - _____

Total hours: _____

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	1st Review	2nd review
Appl. Fee	_____	_____
Profile	_____	_____
Experience	_____	_____
Initial:		
Complete	_____	_____
Incomplete	_____	_____
Date:	_____	_____

Comments:
_____
_____
_____

*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.

IMPORTANT NOTICE: READ THIS FIRST BEFORE YOU PROCEED! The following experience verification page(s) must be completed in its entirety in order to be considered as complete. Actual experience must meet the requirements outlined per Rule 62-602.250, F.A.C. Only actual experience in the Water Distribution field is acceptable. **No time spent working on wastewater collection systems can count towards a water distribution system license.** Be sure that experience verification dates and hours per week do not conflict with another FDEP license.

3. EXPERIENCE VERIFICATION:

Employer/Company Name: _____ Employer Phone Number: (____) _____- _____

Mailing Address: _____
Number and Street

_____
City State Zip

DEPT USE ONLY: Total hours:_____

Dates of Actual Experience: From ____/____/____ thru ____/____/____ **DO NOT WRITE DATE AS "CURRENT or PRESENT"**
MM / DD / YYYY **MM / DD / YYYY**

hours experience gained per week: _____ x # of weeks _____ = _____ + Overtime hours: _____ = **Total # of hours** _____

I, the verifying official of _____, do hereby confirm that I have firsthand knowledge of
Applicant Name
the experience obtained by this applicant as it relates to water distribution system operation & maintenance. The experience listed here conforms to the definition and intent of actual water distribution system experience, and the applicant's duties are consistent with those defined in Rule 62-602.250, F.A.C. **Furthermore, I verify that no time spent performing wastewater collection systems duties is included in dates and hours above.**

Verifying Official's Name: _____ Title: _____
Print Name

Verifying Official's Signature: _____ Date: _____
Signature

Verifying Official's License #: _____ Expiration Date: _____

Please Note: Only appropriately licensed personnel can sign for verification of experience. Examples of those who cannot sign for verification of experience are Human Resources personnel, Professional Engineers, unlicensed Utility Directors, unlicensed Supervisors, Drinking Water Treatment or Water Distribution Operators whose license is Inactive or Null & Void.

EXTRA EXPERIENCE VERIFICATION:

Employer/Company Name: _____ Employer Telephone Number: (____) _____- _____

Mailing Address: _____
Number and Street

_____
City State Zip

DEPARTMENT USE ONLY: Total hours:_____

Dates of Actual Experience: From ____/____/____ thru ____/____/____ **DO NOT WRITE DATE AS "CURRENT or PRESENT"**
MM/ DD / YYYY **MM/ DD / YYYY**

hours experience gained per week: _____ x # of weeks _____ = _____ + Overtime hours: _____ = **Total # of hours** _____

I, the verifying official of _____, do hereby confirm that I have firsthand knowledge of
Applicant Name
the experience obtained by this applicant as it relates to water distribution system operation & maintenance. The experience listed here conforms to the definition and intent of actual water distribution system experience, and the applicant's duties are consistent with those defined in ***Rule 62-602.250, F.A.C***. **Furthermore, I verify that no time spent performing wastewater collection systems duties is included in dates and hours above.**

Verifying Official's Name: _____ Title: _____
Print Name

Verifying Official's Signature: _____ Date: _____
Signature

Verifying Official's License #: _____ Expiration Date: _____

4. APPLICANT CHECK LIST:

Please initial that you have completed sections 1 through 4 that are necessary for your application to be complete:

1. **_____ Front page of application completed in its entirety.**
2. **_____ Experience verification verified by a licensed Florida water treatment or distribution system operator.**
3. **_____ Sign and date the last page of the application.**
4. **_____ Submit appropriate application fees.**
   Check/money order: Payable to Dept. of Environmental Protection or FDEP.

If any item(s) are missing or are not completed you will receive an incomplete notice.

You will be notified of any deficiency in your application. Our office has up to **30 days** to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application.

5. 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: _____

Send application to:

Department of Environmental Protection
Finance and Accounting
Post Office Box 3070
Tallahassee, Florida 32315