

## RECIPROCITY APPLICATION FOR DISTRIBUTION SYSTEM, WATER OR WASTEWATER TREATMENT PLANT OPERATOR

Please complete each question and type or print all information legibly and in black or blue ink.				
		ORG.CODE/E.O./FUND: <b>37352030000/86/780001</b>		
(ALL SECTIONS 1 thru 5 MUST BE COMPLETED IN FULL)  Please specify the type of license for which you are applying:		Reciprocity Evaluation Total \$100 Receipt #: Payment #: 001081 – Reciprocity Fee		
				Water Treatment
2. APPLICANT PROFILE DAT	A:			
Name: Last	First	Middle		
Mailing Address: Number				
Number	Street	Apt.		
City	State	Zip		
*Social Security Number:			Place 2X2 Photo Here	
Date of Birth:/_				
	<u>'</u>			
*Email Address:				
Between the hours of 8:00am and 5:	00pm what is your primary daytime	e phone number?		
Primary telephone: (				
Secondary telephone: (				
	the Personal Responsibility ar		ense applications and will be used for y Reconciliation Act of 1996 (Welfare	
3. NAME CHANGE INFORMA	TION:			
Have you ever changed your nany other name?	ame through marriage or thro	ough action of a co	ourt? Have you ever been known by	
NO				
YES If yes, list the name(s) an	d date(s) of change: Name:	Date:		
<b>NOTE:</b> You are required to submit lead the other supporting documentation.	egal name change documentation	if different from high s	school diploma, training certificates and/or	

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4. EDUCATION:			
Do you have a high school diploma or GED?			
YES Attach a copy of the diploma or GED.			
NO Stop here. Do not apply.			
5. APPLICANT AFFIRMATION:			
I affirm 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 examination or licensure.			
Signature of Applicant: Date Signed:			
PLEASE NOTE			
<b>Before mailing your application</b> , please make sure you have completed the application in its entirety. Attach all required certificates, supporting documentation, and one 2x2 photo. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount.			
Send application to:  Department of Environmental Protection  Post Office Box 3070  Tallahassee, Florida 32315			
You will be notified of any deficiency in your application. Our office has up to <b>30 business days</b> to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application before calling.			

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