



APPLICATION FOR WATER or WASTEWATER TREATMENT PLANT OPERATOR EXAMINATION

This application is for examination only, not for licensure

1. TYPE OF EXAMINATION REQUESTED

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

(ALL SECTIONS 1 thru 7 MUST BE COMPLETED IN FULL)

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

- Water Treatment Wastewater Treatment
- Class A Class B Class C Class D

| DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY | | | |
|--|-------------------|-------------------|--|
| ORG.CODE/E.O./FUND: 37352030000/86/780001 | | | |
| Class A, B & C Exam Total \$100 | Receipt #: | Payment #: | |
| 001078 - Application Fee \$25.00 | _____ | _____ | |
| 001080 - Exam Fee \$75.00 | _____ | _____ | |
| ----- | | | |
| Class D Exam Total \$75 | Receipt #: | Payment #: | |
| 001078 - Application Fee \$25.00 | _____ | _____ | |
| 001080 - Exam Fee \$50.00 | _____ | _____ | |
| ----- | | | |
| Wards of the State (Inmates) Total \$20 | Receipt #: | Payment #: | |
| 001078 - Application Fee \$10.00 | _____ | _____ | |
| 001080 - Exam Fee \$10.00 | _____ | _____ | |

2. APPLICANT PROFILE DATA:

Name: _____
Last First Middle

Mailing Address: _____
Number Street Apt. / Inmate #

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: (____) _____ - _____

*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.

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

3. NAME CHANGE INFORMATION:

Have you ever changed your name through marriage or through action of a court? Have you ever been known by any other name?

NO

YES If yes, list the name(s) and date(s) of change: Name: _____ Date: _____

NOTE: You are required to submit legal name change documentation if different from high school diploma and/or training certificates.

4. SPECIAL TESTING ACCOMODATIONS:

Do you require special testing accommodations due to documented disability?

NO I have no documented disability or need for special testing accommodations.

YES I have a documented disability that requires special testing accommodations. If yes, please **submit official supporting documentation of your clinical diagnosis or medical evaluation**. If you have any questions, please contact the Operator Certification Program for detailed information.

5. 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.

Note: All diplomas from foreign countries must be accompanied by an evaluation from a nationally accredited evaluation company and must be equivalent to a United States high school diploma. Visit <http://www.naces.org/> for a listing of approved evaluation companies.

6. TRAINING INFORMATION:

Have you completed the required DEP APPROVED TRAINING COURSE?

YES Attach a copy of your certificate(s) of course completion.

Name of Course Completed: _____

Course Completion Date: _____/_____/_____

NO Stop here. Do not apply.

Note: The course must correspond to the license type and level required (i.e., Water or Wastewater Treatment Class A, B, C or D) and is only valid for five years from the date of completion. If your course is more than five years old, you are required to complete a new training course before you may be eligible to apply for your examination.

7. 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

Before mailing your application, please make sure you have completed the application in its entirety. Attach all required certificates, supporting documentation, and one photograph. 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 **30 days** to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application before calling.