



**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.