



APPLICATION FOR WATER or WASTEWATER TREATMENT PLANT 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 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 \$50.00	_____	_____	
002190 - License Fee \$50.00	_____	_____	

Class D Exam Total \$50	Receipt #:	Payment #:	
001078 - Application Fee \$25.00	_____	_____	
002190 - License Fee \$25.00	_____	_____	

Wards of the State (Inmates) Total \$20		Receipt #:	Payment #:
001078 - Application Fee \$10.00		_____	_____
002190 - License 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.

Total hours: _____		
DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY		
	1 st Review	2 nd review
Appl. Fee	_____	_____
Profile	_____	_____
Experience	_____	_____
Initial:		
Complete	_____	_____
Incomplete	_____	_____
Date:	_____	_____
Comments:	_____	

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 field of Wastewater or

Water Treatment is acceptable. 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

Plant Type: (check one)
 Drinking Water **PWS ID#:** _____
 Wastewater **Permit #:** _____

City State Zip

Dates of Actual Experience: From / / thru / /
MM / DD / YYYY MM / DD / YYYY

DEPT USE ONLY: Total Hours: _____

DO NOT WRITE DATE AS "CURRENT or PRESENT"

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 treatment plant operation & maintenance. The experience listed here conforms to the definition and intent of actual treatment plant 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 was spent performing duties that are excluded, as experience as identified in Rule 62-602.250(6) F.A.C., 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, Water or Wastewater Treatment Operators whose license are Inactive or Null & Void.

EXTRA EXPERIENCE VERIFICATION:

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

Mailing Address: _____

Number and Street

Plant Type: (check one)
 Drinking Water **PWS ID#:** _____
 Wastewater **Permit #:** _____

City State Zip

Dates of Actual Experience: From / / thru / /
MM / DD / YYYY MM / DD / YYYY

DEPT USE ONLY: Total Hours: _____

DO NOT WRITE DATE AS "CURRENT or PRESENT"

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 treatment plant operation & maintenance. The experience listed here conforms to the definition and intent of actual treatment plant 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 was spent performing duties that are excluded, as experience as identified in Rule 62-602.250(6) F.A.C., 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 treatment plant operator.**
3. _____ **Sign and Date last page of the Application.**
4. _____ **Submit appropriate application fees.**
Check or 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. 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 licensure.

Signature of Applicant: _____ Date Signed: _____

Send Application to:

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