



APPLICATION FOR DISTRIBUTION SYSTEM OPERATOR LICENSE

Distribution System Operator
Certification

Reviewed by:

Please read instructions before completing the application.
Complete each question, copy and mail to the Department with appropriate documents and fee.

Please type or print all information legibly.

| | | | |
|---|--|---|---|
| 1. TYPE OF LICENSE REQUESTED: | | <input type="checkbox"/> Distribution System Operator | |
| Please specify the license for which you are applying <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 | | | |
| 2. APPLICANT PROFILE DATA: Please type or print in black ink. | | DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY | |
| Name | | | ORG.CODE/E.O./FUND 37352030000/86/780001 |
| | Last | First | Middle |
| Mailing Address | Number and Street | | Apt. No./Inmate Number |
| | City | State | County |
| | | | Zip |
| Home Telephone: () () | | Business Telephone: () () | |
| | | *Social Security Number: - - | |
| 3. EQUAL OPPORTUNITY DATA | | | |
| We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. | | | |
| GENER: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Date of Birth: ____/____/____ | | Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? If yes, list the name(s) and date(s) of change below: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ | |
| 4. CURRENT LEVEL OF LICENSURE OR TRAINING OBTAINED (if applicable) | | | |
| (Circle current level) | | | |
| <input type="checkbox"/> D.E.P. Distribution System Operator | 1 2 3 4 | Certificate # | Date Issued |
| <input type="checkbox"/> Completed a Voluntary Distribution System Operator Training Course(s) | Circle Course Hrs. 20 – 39 40 – 59 60 or more | Organization that issued Certificate: | Date Issued |
| (Please attach a copy of certificate(s)) | | _____ | _____ |
| 5. EXAMINATION VERIFICATION | | | |
| Examination Type and Level: _____ | | Examination Date: _____ | |
| Note: The date of completion of the successful examination must be no more than 4 years prior to the licensure application. | | | |
| *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. | | | |

6. EMPLOYMENT EXPERIENCE VERIFICATION - CURRENT EMPLOYMENT

List all additional experience. Copy and use as many sheets as necessary.

| | | | |
|--------------------------------|--------------------------|---------------------------|-----|
| Name Mailing Address | Distribution System Name | | |
| | Street and Number | Telephone Number () | |
| | City | State | Zip |

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): _____
 C. Total number of weeks worked (in A above) _____ D. Multiply B by C: _____ + Overtime hours _____ = _____ (total hours)

I, the direct supervisor or lead operator of _____ do confirm that the distribution system experience listed
 here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

7. EMPLOYMENT EXPERIENCE VERIFICATION - PAST EMPLOYMENT

List all additional experience. Copy and use as many sheets as necessary.

| | | | |
|--------------------------------|--------------------------|---------------------------|-----|
| Name Mailing Address | Distribution System Name | | |
| | Street and Number | Telephone Number () | |
| | City | State | Zip |

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): _____
 C. Total number of weeks worked (in A above) _____ D. Multiply B by C: _____ + Overtime hours _____ = _____ (total hours)

I, the direct supervisor or lead operator of _____ do confirm that the distribution system experience listed
 here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

8. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION

List all additional experience. Copy and use as many sheets as necessary.

| | | | |
|--------------------------------|--------------------------|---------------------------|-----|
| Name Mailing Address | Distribution System Name | | |
| | Street and Number | Telephone Number () | |
| | City | State | Zip |

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime): _____
 C. Total number of weeks worked (in A above) _____ D. Multiply B by C: _____ + Overtime hours _____ = _____ (total hours)

I, the direct supervisor or lead operator of _____ do confirm that the distribution system experience listed
 here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

9. ADDITIONAL EMPLOYMENT EXPERIENCE VERIFICATION

List all additional experience. Copy and use as many sheets as necessary.

| | | | |
|-----------------|--------------------------|---------------------------|-----|
| Name | Distribution System Name | | |
| | Street and Number | Telephone Number () | |
| Mailing Address | City | State | Zip |

A. Date of employment: From / / To / / B. Number of hours worked per week (without overtime):
 C. Total number of weeks worked (in A above) D. Multiply B by C: + Overtime hours = (total hours)

I, the direct supervisor or lead operator of _____ do confirm that the distribution system experience listed

Applicant Name

here conforms to the definition and intent of actual operational experience, and the applicant's duties were performed in a satisfactory manner.

Supervisors Name: _____ Supervisors Signature: _____ Date: _____

Title: _____ License Number: _____ Expiration Date: _____

NOTE: 52 Weeks = One year, times total number of years.

10. PEER LETTER

If the experience required for licensure listed above is not verified by a certified operator with the State of Florida the applicant must provide a peer reference letter as specified in rule 62-602.420(2)(d)

11. 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: _____

PLEASE NOTE

Before you mail your application: Please be sure you have completed the application in its entirety. Attach all required supporting documentation. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount:

\$50.00 for Level 1, 2, 3 or 4

Send Application to:

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

For Staff Use Only

Comments: _____

