

APPLICATION FOR WATER DISTRIBUTION SYSTEM OPERATOR EXAMINATION

(Check One) FIRST TIME EXAMINATION

RE-TEST EXAMINATION

Please read instructions before completing the application.

Complete each question, copy and mail to the Department with appropriate documents and fees.

Please type or print all information legibly.

1. EXAM	INATION SPECIFICA	ATION							
Please specify the examination for which you are applying Level 1 Level 2 Level 3 Level 4									
2. APPLICANT PROFILE DATA: Please type or print in black ink.					DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY				
Name					ORG.CODE/E.0 37352030000/M8/7 Level 1, 2, 3 & 4 E2	80001) Receipt #:	Payment #:	
	Last	First		Middle	001078 – Application Fee 001080 – Examination Fee Fotal \$75.00	\$ 25.00			
Mailing Address	Number and Street		Apt.No./In	mate Number	-				
					Ward of the Sta		Receipt #:	Payment#	
	City St	tate Coun	nty	Zip	001078 - Application Fee \$ 001080 - Examination Fee				
Permanent					Total \$ 20.00			<u> </u>	
Address					Exam Applied For:				
C/O Number and Street City/State/Zip Home Telephone: Business Telephone: *Social Security N						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.									
SEX: Male Eamale Have you ever changed your na				ough marriage or through action of a court, or have you ever s, list the name(s) and date(s) of change below:					
Date of Birth: // I No Yes									
4. SPECIAL TESTING ACCOMMODATIONS									
Please indicate if you require special testing accommodations due to documented disability or if you have a religious conflict with the scheduled examination date. If yes, please contact the Operator Certification Program for detailed information.									
YES, I have a documented disability that requires special accommodations. NO, I have no need for special accommodations.									
5. CURRENT LEVEL OF LICENSURE									
	(Circle One)						TAPE 2	"x2"	
Distribution 1 2 3 4 License Number: Years Held State							PHOTO HERE		
*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. EDUCATION							
Do you have a high school diploma or GED Certificate? Yes No If yes, please attach a copy of the diploma or certificate . Note: A high school diploma or equivalent is a prerequisite for being eligible for examination and licensure.							
7. TRAINING INFORMATION							
I have completed the required DEP APPROVED COURSE.							
Course Completed:	Date Completed:						
Please attach a copy of the certificate of completion. Note : The course must correspond to the licensure type and level required. Distribution 1, 2, 3 or 4 and must have been successfully completed no more than five years before the application deadline.							
8. 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 certificates, supporting documentation, and two photographs. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount:							
\$75.00 for Level 1, 2, 3 or 4 \$20.00 for Wards of the State.							
Send Application to:							
Department of Environmental Protection Post Office Box 3070 Tallahassee, Florida 32315							
You will be notified of any deficiency in your application. Please do not call the office. Failure to submit a completed application no later than 90 days before examination date will cause the applicant to be scheduled for the next available examination date.							
For Staff Use Only							
Comments:							
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