



# APPLICATION FOR WATER OR WASTEWATER TREATMENT PLANT 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.**

<b>1. EXAMINATION SPECIFICATION</b>															
Please specify the examination for which you are applying <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D															
TYPE OF CERTIFICATION REQUESTED: <input type="checkbox"/> Water <input type="checkbox"/> Wastewater		<b>DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY</b>  ORG.CODE/E.O./FUND <b>37352030000/M8/780001</b>  <b>Class A, B, &amp; C Exams</b> Receipt #:              Payment #: 001078 – Application Fee \$ 25.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> 001080 – Examination Fees \$ 75.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> <b>Total \$100.00</b>  <b>Class D Exams</b> Receipt #:              Payment #: 001078 – Application Fee \$ 25.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> 001080 - Examination Fees \$ 50.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> <b>Total \$ 75.00</b>  <b>Ward of the State</b> Receipt #:              Payment# 001078 - Application Fee \$ 10.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> 001080 - Examination Fees \$ 10.00 <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td></tr></table> <b>Total \$ 20.00</b>													
<b>2. APPLICANT PROFILE DATA: Please type or print in black ink.</b>															
Name	Last                      First                      Middle														
Mailing Address	Number and Street		Apt.No./Inmate Number												
	City	State	County              Zip												
Permanent Address	C/O                      Number and Street                      City/State/Zip														
Home Telephone: (    ) (    ) (    )		Business Telephone: (    ) (    ) (    )													
*Social Security Number:                      -    -    -															
<b>3. EQUAL OPPORTUNITY DATA</b>															
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.															
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		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. Please submit copies of legal documentation.													
Date of Birth:    ___ / ___ / ___		<input type="checkbox"/> No <input type="checkbox"/> Yes _____													
<b>4. SPECIAL TESTING ACCOMMODATIONS</b>															
Please indicate if you require special testing accommodations due to documented <b>disability</b> or if you have a <b>religious conflict</b> with the scheduled examination date. If yes, please contact the Operator Certification Program for detailed information.															
<input type="checkbox"/> <b>YES</b> , I have a <b>documented</b> disability that requires special accommodations. <input type="checkbox"/> <b>NO</b> , I have no need for special accommodations.															
<b>5. CURRENT LEVEL OF CERTIFICATION</b>			<b>TAPE 2" x 2"</b>  <b>PHOTO HERE</b>												
(Circle One)															
<input type="checkbox"/> Water	A    B    C    D	Certificate Number: _____ Years Held _____ State _____													
<input type="checkbox"/> Wastewater	A    B    C    D	Certificate Number: _____ Years Held _____ State _____													
*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.															

**1. 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 certified for examination.

**2. TRAINING INFORMATION**

**I have completed the required DEP APPROVED COURSE.**  Resident  Correspondence

Course Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Please attach a copy of the certification of completion. **Note:** The course must correspond to the certification type and level required (i.e. Water, Wastewater A, B, C or D) and must have been successfully completed no more than five years before the application deadline.

**3. 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 certificate 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 2"x2" photograph. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount:

**\$100.00 for class A, B, or C,  
\$75.00 for a class D, and  
\$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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Four horizontal lines for text entry, enclosed in a rectangular border.