



RECIPROCITY APPLICATION FOR DISTRIBUTION SYSTEM, WATER OR WASTEWATER TREATMENT PLANT OPERATOR

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 5 MUST BE COMPLETED IN FULL)

Please specify the type of license for which you are applying: (Select only ONE license)

Water Treatment Domestic Wastewater Treatment Distribution Systems

DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY

ORG.CODE/E.O./FUND: 37352030000/86/780001

Reciprocity Evaluation Total \$100 Receipt #: Payment #:
001081 – Reciprocity Fee _____ _____

2. APPLICANT PROFILE DATA:

Name: _____
 Last First Middle

Mailing Address: _____
 Number Street Apt.

 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: (_____) _____ - _____

2X2 PASSPORT PHOTO

PLACE 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.

3. NAME CHANGE INFORMATION:

Have you ever changed your name through marriage or through action of a court? Have you ever been known by any other name?

NO

YES If yes, list the name(s) and date(s) of change: Name: _____ Date: _____

NOTE: You are required to submit legal name change documentation if different from high school diploma, training certificates and/or other supporting documentation.

4. 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.

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 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 2x2 photo. 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 business days** to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application before calling.