



APPLICATION FOR WATER OR WASTEWATER TREATMENT PLANT OPERATOR LICENSE

Water & Wastewater 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: [] Water [] Wastewater
Please specify the license class for which you are applying [] Class A [] Class B [] Class C [] Class D
2. APPLICANT PROFILE DATA: Please type or print in black ink.
Name: Last First Middle
Mailing Address: Number and Street Apt. No./Inmate Number
City State County Zip
Permanent Address: C/O or Institution Number and Street City/State/Zip
DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY
ORG.CODE/E.O./FUND: 37352030000/86/780001
Class A, B, & C License: 001078 - Application Fee \$ 50.00, 002190 - License Fee \$ 50.00, Total \$ 100.00
Class D License: 001078 - Application Fee \$ 25.00, 002190 - License Fee \$ 25.00, Total \$ 50.00
Ward of the State: 001078 - Application Fee \$ 10.00, 002190 - License Fee \$ 10.00, Total \$ 20.00
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.
GENDER: [] Male [] Female RACE: [] Caucasian [] Black [] Hispanic [] Asian [] Native American [] Other
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:
[] No [] Yes
Date of Birth: ___/___/___
4. CURRENT LEVEL OF LICENSURE
(Circle One)
[] Water A B C D License Number: _____ Years held _____ State _____
[] Wastewater A B C D License Number: _____ Years held _____ State _____
5. EXAMINATION VERIFICATION
Examination Type and Class: _____
Examination Date: _____
Note: The date of completion of the successful examination must be no more than 4 years prior to the certification 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	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant 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 treatment plant operation experience listed here conforms to the definition and intent of actual plant operational experience, and the applicant's duties were performed in a satisfactory manner.

Applicant Name

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	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant 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 treatment plant operation experience listed here conforms to the definition and intent of actual plant operational experience, and the applicant's duties were performed in a satisfactory manner.

Applicant Name

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	Plant Name	Plant Type: (check one) <input type="checkbox"/> Drinking Water PWS ID#: _____ <input type="checkbox"/> Wastewater Permit #: _____	
	Street and Number		Plant 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 treatment plant operation experience listed here conforms to the definition and intent of actual plant operational experience, and the applicant's duties were performed in a satisfactory manner.

Applicant Name

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 Mailing Address	Plant Name	Plant Telephone Number ()	Plant Type: (check one)	
	Street and Number		<input type="checkbox"/> Drinking Water	PWS ID#: _____
	City	State	Zip	<input type="checkbox"/> Wastewater

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

Applicant Name

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 (\$100.00 for class A, B, or C, \$50.00 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**

For Staff Use Only

Comments: _____

