

APPRENTICE CERTIFICATION UPGRADE APPLICATION

Instructions: PLEASE PRINT OR TYPE

- 1) Carefully and completely fill out the entire application. Incomplete applications will be denied.
- 2) Application must be typed/printed in ink and **checks made payable to:**
NCWTFOCB or NC Water Treatment Facility Operators Certification Board
1635 Mail Service Center
Raleigh, NC 27699-1635
- 3) Administrative processing fee for each upgrade is **\$50.00** and **non-refundable**.

UPGRADE Selection: (check ONE) All upgrades \$50 each

<input type="checkbox"/> C-SURFACE:	<input type="checkbox"/> C-WELL	<input type="checkbox"/> D-WELL
<input type="checkbox"/> C-DISTRIBUTION	<input type="checkbox"/> D-DISTRIBUTION	<input type="checkbox"/> CROSS-CONNECTION

DATE OF APPRENTICE CERTIFICATION _____

Applicant Name: ☐ Mr. ☐ Mrs. ☐ Ms.

Name _____ Middle Initial _____ Last _____ (Jr. Sr. etc.)

Mailing Address _____

City _____ State _____ Zip _____

Apprentice ID # _____ (Required – located on yellow apprentice certification card)

Applicant must be 18 years old

PREFERRED MAILING ADDRESS: ☐ HOME ADDRESS ☐ EMPLOYER ADDRESS

PREFERRED CONTACT NUMBER: ☐ HOME TELEPHONE ☐ EMPLOYER TELEPHONE

Home Phone: (____) _____ Alt Phone (Optional): (____) _____

E-Mail Address: _____

EXPERIENCE INFORMATION

Employer: _____

Address: _____

City: _____ St: _____ Zip: _____

Employer E-Mail Address: _____

Statement of Experience: _____ (*printed name of apprentice*) has been employed by _____ (*Employer*) for _____ years, _____ months and has met the minimum 6 months experience required to be eligible for full certification status. The apprentice operator is hereby requesting full water treatment operator certification with full authority and responsibility that certification entails. The experience was obtained within the timeline stated in The Rules Governing Water Treatment Facility Operators. An annual renewal fee (\$30) will be charged each year to maintain the certification along with 6 hours of professional growth hours.

Employer/ORC Signature: _____ (Required) Date: _____

Printed Employer Name: _____

Applicant Signature: _____ (Required)

Printed Applicant Name: _____

OFFICE USE ONLY ☐ Paid ☐ Acceptable Exp ☐ 6 mo or more of Exp ☐ Signatures ☐ Employment Info

Approved ☐ Approved by: _____ Comment: _____

Denied ☐ Denied by: _____ Reason for denial: _____

Please detail your experience as it relates to the type of certification upgrade for which you are applying.

Use an additional sheet of paper if necessary.

Start/End dates should be relevant to the experience obtained NOT necessarily date(s) of employment.

SURFACE EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Describe In Detail Your Active, Daily Hands-on <u>Surface</u> Experience:		Total Months _____	Total Years: _____
WELL EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Describe In Detail Your Active, Daily Hands-on <u>Well</u> Experience:		Total Months _____	Total Years: _____
CROSS CONNECTION EXP.	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Describe In Detail Your Active, Daily Hands-on <u>CC</u> Experience:		Total Months _____	Total Years: _____
DISTRIBUTION EXP.	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Describe In Detail Your Active, Daily Hands-on <u>Dist</u> Experience:		Total Months _____	Total Years: _____
RELATED EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
Lab, maintenance, wastewater or other experience should be listed here.		End Month: _____	End Year: _____
Describe In Detail Your Active, Daily Hands-on Experience:		Total Months _____	Total Years: _____

APPLICANT'S STATEMENT OF CERTIFICATION: I HAVE READ AND AM AWARE OF THE REQUIREMENTS TO OBTAIN THIS CERTIFICATION IN *THE RULES GOVERNING WATER TREATMENT OPERATORS* #15A NCAC 18D .0201. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT RECORDING FALSE INFORMATION MAY LEAD TO MY CERTIFICATE BEING **REVOKED**.

APPLICANT'S SIGNATURE _____ DATE _____ OPERATOR ID # _____

VERIFICATION BY OPERATOR IN RESPONSIBLE CHARGE, OWNER OR SUPERVISOR: I have reviewed this application and recommend that the applicant be considered for full certification by the board. I understand that I am responsible for verifying the experience of the applicant and that false information can lead to the applicant's and/or my certificate being **revoked**.

ORC, OR OWNER'S PRINTED NAME: _____ JOB TITLE: _____

SIGNATURE: _____ DATE: _____ CERT NO: _____