

APPLICATION FOR RECIPROcity OF WASTEWATER OPERATOR CERTIFICATION

All statements in this application are made under oath and are subject to investigation by the Water Pollution Control System Operator Certification Commission (WPCSOCC).

ITEMS REQUIRED WITH SIGNED & NOTARIZED APPLICATION:

- \$100.00 Non-Refundable Fee
- Letter from past employer documenting employment dates/position/size of plant/duties and responsibilities
- Letter of good standing from your state certification/licensing agency, no disciplinary actions in past 5 years.
- Copy of Certification/License with level and date certified. Must be VALID and in good standing.
- Copy of driver's license

Failure to complete all sections of this application and provide the following will result in its return to the applicant.

WHICH WASTEWATER CERTIFICATION ARE YOU SEEKING?

SELECT MONTH & EXAM LOCATION:

Applicant First Name: _____ Social Security Number: _____
Applicant Middle Name: _____ Phone Number: _____
Applicant Last Name: _____ Email: _____
Mailing Address: _____

TYPE OF CERTIFICATIONS YOU HOLD: TYPE/GRADE: _____ STATE: _____ HOW MANY GRADE LEVELS?: _____
TYPE/GRADE: _____ STATE: _____ HOW MANY GRADE LEVELS?: _____

EDUCATION:

YEAR GRADUATED:

College Graduates: Provide a copy of official transcripts if eligibility to take the exam is based on that education.

CURRENT EMPLOYER:

Employer Name: _____ Employer Phone Number: _____
Dates of Employment: _____ Facility Type: _____
Immediate Supervisor Name: _____ Supervisor Phone Number: _____

SEND FORM TO: WPCSOCC, 1618 Mail Service Center, Raleigh, North Carolina 27699-1618

-----**WPCSOCC/Operator Certification Program Staff Only**-----

Payee: _____ Amount: \$ _____

Postmark Date: ____ / ____ / ____ Approved Denied Check #: _____

DETAILED DESCRIPTION OF PREVIOUS OPERATIONAL EXPERIENCE - Attach additional sheets if needed

Dates	Employer/Immediate Supervisor Name, Address & Phone #	Summary of Duties/Responsibilities as an operator. What % is wastewater duties?

NOTARIZED OATH

I, the undersigned, do solemnly swear that I am the applicant; that all statements made, and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and I understand any omissions or misrepresentations may result in ineligibility for the reciprocity certification applied for or revocation of any certification granted. I do solemnly swear that I have read the [North Carolina Wastewater Operator Rules](#). I also consent to a thorough investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

Signature of Applicant: _____

Subscribed and duly sworn to before me according to law, by the above-named applicant this ____ day of _____, 20____ at _____

County of _____

State of _____

Signature of Notary: _____

[SEAL]

My commission expires: _____