



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
& ENVIRONMENTAL CONTROL
DIVISION OF WATER RESOURCES

Board of
Certification

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

Phone: (302) 739-9946
Fax: (302) 739-8369

- DO NOT CONTACT EMPLOYER
 CONTACT EMPLOYER

**APPLICATION FOR CERTIFICATION
WASTEWATER TREATMENT PLANT OPERATOR**

Application Must Be Complete, Typewritten or Clearly Printed

APPLICANT INFORMATION				
Prefix	First Name	Middle Name	Last Name	Suffix
Street Address				
Mailing Address (if different than Street Address)				
City		State		Zip
Telephone Number			E-Mail Address	
Social Security Number		Date of Birth		Level of Application Certification <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Payment Information (Make Checks Payable to DIVISION OF WATER RESOURCES) *non-refundable fee				
<input type="checkbox"/> New ~ \$50.00* <input type="checkbox"/> Emergency ~ \$375.00*				
CERTIFICATIONS				
Have you been certified by any board or committee to operate a wastewater treatment plant?				
<u>Level & Type of Certificate</u>	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Issuing Agency</u>	<u>Renewal Date</u>
EDUCATIONAL BACKGROUND				
ATTACH COPY OF HIGH SCHOOL DIPLOMA OR COLLEGE TRANSCRIPTS AS APPROPRIATE.				
HIGH SCHOOL Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
COLLEGE/UNIVERSITY (UNDERGRADUATE) Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
GRADUATE SCHOOL Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
OTHER Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received

CURRENT EMPLOYMENT INFORMATION

Name of Employer		Telephone Number
Street Address		
Mailing Address (if different than Street Address)		
City	State	Zip
Name of Plant or Service Area		DNREC Classification of WWTF
Dates of Employment at Facility		Dates of Employment as Wastewater Operator
Size of Plant (MGD)		Population Served
Type of Plant or Type of Unit Processes Operated		
Description of Work Performed		
Level of Responsibility		
Name of Supervisor	Title	Telephone Number

PREVIOUS EMPLOYMENT INFORMATION
USE ADDITIONAL SHEETS IF NECESSARY IN THE SAME FORMAT

Name of Employer		Telephone Number
Street Address		
Mailing Address (if different than Street Address)		
City	State	Zip
Name of Plant or Service Area		DNREC Classification of WWTF
Dates of Employment at Facility		Dates of Employment as Wastewater Operator
Size of Plant (MGD)		Population Served
Type of Plant or Type of Unit Processes Operated		
Description of Work Performed		
Level of Responsibility		
Name of Supervisor	Title	Telephone Number

LICENSED WASTEWATER OPERATOR CONTACT LIST
AVAILABLE TO THE GENERAL PUBLIC, POTENTIAL EMPLOYERS, SYSTEM OWNERS, ETC.

- Yes** ~ I would like my contact information made available
 No ~ I would not like my contact information made available

Telephone Number (for contact list)	County(ies) You Prefer to Work In <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex
-------------------------------------	--

VERIFICATION

I hereby certify that this application contains no misrepresentation or falsifications, is true and complete to the best of my knowledge and belief. I am aware that any willful falsification or misrepresentation will result in the revocation of any certificate issued.

_____ Applicant's Signature	_____ Date
--------------------------------	---------------

Please mail Application for Certification, Educational Transcriptions and Payment to

DNREC
Surface Water Discharges Section
89 Kings Highway
Dover, DE 19901

BOARD OF CERTIFICATION USE
DO NOT COMPLETE

REMARKS REFERENCE RENEWAL OF LICENSE

_____ Attest for the Board of Certification	_____ Date
--	---------------