



State of Delaware
 Department of Natural Resources
 & Environmental Control
Division of Water

Board of
 Certification

89 Kings Highway
 Dover, Delaware 19901

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

**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	
Home Telephone Number			Mobile Telephone Number	
E-Mail Address				
Last Four Digits of Social Security Number			Date of Birth	
Level of Application Certification <input type="checkbox"/> Temporary <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV				
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
(must be employed in the State of Delaware or have an offer of employment)

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	E-Mail Address	

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	

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
 Kent New Castle Sussex

PAYMENT INFORMATION

New - \$50.00 Emergency - \$375.00
 Please make checks payable to **Division of Water** (application fees are non-refundable)

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 certification issued.

Applicant's Signature _____

Date _____

Please mail: 1. **Application for Certification**, 2. **Educational Transcripts** and 3. **Payment** to:

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

BOARD OF CERTIFICATION USE
DO NOT COMPLETE

REMARKS REFERENCE ISSUANCE OR DENIAL OF LICENSE

Attest for the Board of Certification _____

Date _____