



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

- DO NOT CONTACT EMPLOYER**  
 **CONTACT EMPLOYER**

**APPLICATION FOR CERTIFICATION  
 WASTEWATER TREATMENT PLANT OPERATOR**

*Application Must Be Complete, Typewritten or Clearly Printed*

<b>APPLICANT INFORMATION</b>				
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) <span style="float: right;">*non-refundable fee</span>				
<input type="checkbox"/> <b>New ~ \$50.00*</b> <input type="checkbox"/> <b>Emergency ~ \$375.00*</b>				
<b>CERTIFICATIONS</b>				
Have you been certified by any board or committee to operate a wastewater treatment plant?				
<u>Level &amp; Type of Certificate</u>	<u>Certificate Number</u>	<u>Date Issued</u>	<u>Issuing Agency</u>	<u>Renewal Date</u>
<b>EDUCATIONAL BACKGROUND</b>				
<b>ATTACH COPY OF HIGH SCHOOL DIPLOMA OR COLLEGE TRANSCRIPTS AS APPROPRIATE.</b>				
<b>HIGH SCHOOL</b> Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
<b>COLLEGE/UNIVERSITY (UNDERGRADUATE)</b> Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
<b>GRADUATE SCHOOL</b> Name			City, State	
Dates Attended		Total Credits Earned		Degree/Diploma Received
<b>OTHER</b> 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
--	---------------