STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES &
ENVIRONMENTAL CONTROL
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

BOARD OF
CERTIFICATION

PHONE (302) 739-9946
FAX (302) 739-8369

OPERATOR IN TRAINING DOCUMENTATION FORM

Instructions:
(1) Submitted at the completion of the required training period (OIT expiration date)
(2) Completed by the Applicant and verified by the Supervisor
(3) Form must be complete, typewritten or clearly printed
(4) Information used in processing Applicant's request for full level license
(5) No fee required unless OIT expiration date coincides with license expiration date

APPLICANT INFORMATION

Prefix	First Name	Middle Name	Last Name	Suffix

Mailing Address	City	State	Zip

Telephone Number	E-Mail Address

CERTIFICATION

License No.	Wastewater Operator Class	OIT Expiration Date (if known)	License Expiration Date
	☐ I ☐ II ☐ III ☐ IV		

EMPLOYMENT

Name of Employer	Telephone Number

Mailing Address	City	State	Zip

Name of Supervisor	Title	Telephone Number

EXPERIENCE VERIFICATION

Employment Dates As Wastewater Operator From	To	Time in Months	Percent of Time on Wastewater Duties	Percent of Time on Water Duties

Describe in detail your duties & responsibilities as they apply to wastewater.

VERIFICATION

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Delaware's good nature depends on you!