



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

SUPPLEMENTAL INFORMATION FOR LICENSE RECIPROCITY REQUEST

Any applicant applying for a Wastewater Operator Certification through reciprocity in the **State of Delaware** must complete the requested information below and return this form along with a completed Application for Certification.

Application Must Be Complete, Typewritten or Clearly Printed

APPLICANT INFORMATION						
Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	First Name	Middle Name	Last Name	Suffix		
Mailing Address						
City		State		Zip		
Telephone Number		E-Mail Address				
CERTIFICATIONS						
What valid certificates do you hold in states other than Delaware?						
Level & Type of Certificate	Certificate Number	Date Issued (mm/dd/yy)	State and Issuing Agency	Renewal Date (mm/dd/yy)	Exam Required to receive certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date (mm/dd/yy)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT/MOST RECENT WASTEWATER 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			Size of Plant (MGD)			
Dates of Employment at Facility			Dates of Employment as Wastewater Operator			
BOARD OF CERTIFICATION USE DO NOT COMPLETE						
Attest for the Board of Certification				Date		

Please complete and return this form via (1) mail to address above, Attn: Glenn Davis, (2) fax to (302) 739-8369, Attn: Glenn Davis or (3) e-mail to Glenn.Davis@state.de.us

Delaware's good nature depends on you!