APPLICATION FOR RECIPROCITY CERTIFICATION

WATER POLLUTION CONTROL SYSTEM
OPERATORS CERTIFICATION COMMISSION
1618 Mail Service Center, Raleigh, NC 27699-1618
Website: http://portal.ncdenr.org/web/wq/admin/tacu
919.807.6353

APPLICATION FEE: $ 100.00 (Non-refundable)

All statements in this application are made under oath and are subject to investigation by the Water Pollution Control System Operators Certification Commission (WPCSOCC). All applications shall be typed or printed legibly in ink. Failure to complete all sections and provide required information may cause this application to be disapproved.

I. GENERAL INFORMATION:

Print Name: _____
(Last) (First) (Middle Initial)

Mailing Address: _____
(Street Address) (City) (State & ZIP)

Email Address: _____

Social Security Number: _____ Phone #: _____

II. WHICH NORTH CAROLINA CERTIFICATION ARE YOU APPLYING FOR RECIPROCITY: *(Check ONLY ONE Category and Grade)*

CATEGORY		GRADE			
Wastewater (biological)	____	1 ___	2___	3___	4___
Collections	____	1 ___	2___	3___	4___
Physical Chemical	____	1 ___	2___		
Land Application	____				
Spray Irrigation	____				
Subsurface	____				

Note: You may apply for one (1) certification per form.

Select the month & location at which you prefer to take the exam (circle one)

Kenansville	**Morganton**	**Raleigh**	**Salisbury**	**Williamston**
March	June	September	December	

Please note: The WPCSOCC reserves the right to use or not use the noted examination locations, as it deems necessary.

III. Type of Certification(s) / Licenses You Hold:

_____

(Type & Grade) (State) (How many of levels / grades are there?)

_____

(Type& Grade) (State) (How many of levels / grades are there?)

IV. EDUCATION:

High School Graduate: Yes ___ No ___ If NO, do you have a GED? Yes ___ No ___

High School: _____
(Name) (Address) (Date completed)

College(s) Attended: _____

Address of College(s): _____

Dates of attendance: From _____ To _____ Years completed1 2 3 4

Did you receive a degree? Yes ___ No ___ If Yes, date received: _____ Type of degree: (e.g. AAS, BA, MS)

Major: _____ Minor: _____

V. Professional Schools and Training: (please list all training you received for obtaining and renewal of present certification/license)

Dates	Type of Training	Training Provider(s)

VI. CURRENT EMPLOYMENT INFORMATION:

Employer's Name and Phone #: _____

Immediate Supervisor's Name and Phone #: _____

Date of Employment: From _____ To _____

What Type of Facility Is This: (e.g. Biological, Physical Chemical, etc) _____

VII. PREVIOUS OPERATING EXPERIENCE: (Failure to thoroughly describe wastewater duties may be reason for disapproval)

Dates	**Name, Address, Phone # of Employer/Immediate Supervisor**	**Summarize Duties/Responsibilities as an Operator and state what percentage were wastewater duties**

VIII. Mail The Following Items With This Application:

- Letter from your past employer, which documents duration of your employment, type / size of plant and your duties and responsibilities.
- Letter from your state's certification / licensing agency stating that you are presently in good standing with your state and no disciplinary has been taken against you in the last five (5) years.
- Photocopy of your certification / license with level and date certified. This certification / license must be valid and in good standing.
- Photocopy of your driver's license.
- **Non-refundable check for $100.00, made payable to WPCSOCC.**

IX. NOTARIZED OATH

This application will not be accepted if oath is omitted.

I, the undersigned, do solemnly swear that I am the applicant; that all statements made and information contained in this application and attachments are full and correct to the best of my knowledge and belief; and that I understand any omissions or misrepresentations may result in ineligibility for the Reciprocity Certification applied for or revocation of any certification granted. I do solemnly swear that I have read the North Carolina Wastewater Rules. I also consent to a through investigation of my employment record and other experience in related activities for the purpose of verification of my qualifications for the certificate for which I have applied, and I hereby authorize my present and previous employers to provide information concerning the employment record listed.

Signature of Applicant: _____

Subscribed and duly sworn to before me according to law, by the above name applicant this

_____ day of _____, 20_____ at _____,

county of _____ and state of _____ .

Signature of Notary Officer: _____

My Commission Expires: _____

SEAL