



RECIPROCITY APPLICATION FOR OUT-OF-STATE CERTIFIED OPERATORS

NORTH CAROLINA WATER TREATMENT FACILITY OPERATORS CERTIFICATION BOARD
1635 MAIL SERVICE CENTER RALEIGH, NORTH CAROLINA 27699-1635
APPLICATION MUST BE TYPED OR PRINTED AND MAILED TO THE ABOVE ADDRESS.

ITEMS REQUIRED WITH SIGNED APPLICATION:

Failure to complete all sections of this application will result in its return to the applicant.

\$50.00 Non-Refundable Fee. Check made payable to: **NC WTFOCB**. Submit one application per certification requested.

Letter from past employer documenting employment dates/position/size of plant/duties and responsibilities.

Letter of good standing from your state certification/licensing agency, stating no disciplinary actions in past 5 years.

Copy of active certification that shows level of certification and certification date.

List of professional schools and recent training completed.

WHICH DRINKING WATER CERTIFICATION ARE YOU SEEKING?

APPLICANT'S STATE OF CERTIFICATION (*must be active*):

HAVE YOU RECEIVED RECIPROCITY FROM ANOTHER STATE?

YES (list state(s))

NO

Applicant First Name:

Social Security Number:

Applicant Middle Name:

Phone Number:

Applicant Last Name:

Email:

Mailing Address:

EDUCATION:

YEAR GRADUATED:

CURRENT EMPLOYER:

Employer Name:

Employer Phone Number:

Dates of Employment:

Facility Type:

Immediate Supervisor Name:

Supervisor Phone Number:

-----**Operator Certification Program Staff Only**-----

Payee: _____

Amount: \$ _____

Board ID #: _____

Check #: _____

DETAILED DESCRIPTION OF PREVIOUS WATER TREATMENT EXPERIENCE - *Attach additional sheets if needed*
Resumes cannot be submitted as a substitute for detailing relevant experience below.

Dates	Employer/Immediate Supervisor Name, Address & Phone #	Summary of Duties/Responsibilities as an operator. <u>What % is drinking water duties?</u> Include size of system (MGDs), class of system, population served and water source.

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 I understand any omissions or misrepresentations may result in ineligibility for the reciprocity certification applied for or revocation of any certification granted. I also consent to a thorough 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: _____ Date: _____